

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087540

1. Entity Name

MIAMI VOICE INC.

Principal Place of Business

2145 BIARRITZ DR.  
MIAMI BCH FL 33141

Mailing Address

2145 BIARRITZ DR.  
MIAMI BCH FL 33141

2. Principal Place of Business

2145-BIARRITZ DR.  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip

Country

333141

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, JUAN  
2145 BIARRITZ DR.  
MIAMI BCH FL 33141

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-16-2001

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00 -**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
NAME **MARTINEZ, JUAN**  
STREET ADDRESS **2145 BIARRITZ DR.**  
CITY-ST-ZIP **MIAMI BCH FL 33141** **Do not Delete.**

TITLE ☐ Change ☒ Addition  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-13-2001

Daytime Phone #

305-8664368

CR2E034 (10/00)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90827 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE