

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112547

1. Entity Name
PHONE1, INC.

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90219 026 ***150.00

Principal Place of Business
600 BRICKELL AVENUE #206E
MIAMI FL 33131

Mailing Address
600 BRICKELL AVENUE #206E
MIAMI FL 33131

2. Principal Place of Business
100 N Biscayne Blvd
Suite, Apt. #, etc.
Suite 2500
City & State
MIAMI, FL
Zip
33132
Country
USA

3. Mailing Address
770 Ponce de Leon Blvd
Suite, Apt. #, etc.
210
City & State
CORAL GABLES, FL
Zip
33134
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1060211
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name
JOHNNY ISIMOGLIANNIS
Street Address (P.O. Box Number is Not Acceptable)
770 Ponce de Leon Blvd
#210
City
CORAL GABLES FL Zip Code
33134

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 JOHNNY ISIMOGLIANNIS 1/29/01
(NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy the 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 NAME STREET ADDRESS CITY-ST-ZIP | D ECHEVERRY, DARIO 600 BRICKELL AVENUE #206E MIAMI FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Echeverry, Dario 100 N Biscayne Blvd #2500 MIAMI, FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 DARIO ECHEVERRY 1/29/01 305-444-2445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)