

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90001 020 ***150.00

DOCUMENT # **700000112547**
1. Entity Name **PHONE 1, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 NORTH BISCAYNE BLVD		3. Mailing Address	
Suite, Apt. #, etc. # 2500		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33132	Country US	Zip	Country

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		

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD	
City PLANTATION	FL Zip Code 33324

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 re-issuing)

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP P DARIO ECHEVERRY 4000 Island Blvd #402 Aventura, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARIO ECHEVERRY

4/9/02 (305) 371-3300

Date

Daytime Phone #

CR2E034B (12/01)