

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90968 033 ***150.00

DOCUMENT # P01000029736

1. Entity Name
MOBILEXONE.COM, CORP.



Principal Place of Business
**542 WASHINGTON AVE
MIAMI FL 33139**

Mailing Address
**16300 NE 19 AVE STE 235
MIAMI FL 33162**

11041267



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1088867**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PONCELIZ, SEBASTIAN
16300 NE 19 AVE STE 235
MIAMI FL 33162**

Name **MIGUEL GARDER**
Street Address (P.O. Box Number is Not Acceptable)
16300 NE 19th AVE
Suite 235
City **NMB FL 33 FL** Zip Code **33162**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

MIGUEL GARDER

(NOTE: Registered Agent signature required when reinstating)

4/3/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **PONCELIZ, SEBASTIAN**
STREET ADDRESS **16300 NE 19 AVE STE 235**
CITY-ST-ZIP **MIAMI FL 33162**

TITLE **PD+** ☐ Change ☒ Addition
NAME **MIGUEL G. GARDER**
STREET ADDRESS **16300 NE 19th AVE #235**
CITY-ST-ZIP **NMB FL 33162**

TITLE **VSDT** ☒ Delete
NAME **REINOSA, SERGIO**
STREET ADDRESS **16300 NE 19th AVE 235**
CITY-ST-ZIP **MIAMI FL 33162**

TITLE **VSD** ☐ Change ☒ Addition
NAME **JUDITH CLAUDIA LUMER**
STREET ADDRESS **16300 NE 19th AVE #235**
CITY-ST-ZIP **NMB FL 33162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIG REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03 205-945-3009

Date

Daytime Phone #

CR2E034 (10/02)