

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90228 042 ***150.00

DOCUMENT # P01000074310

1. Entity Name

VOA CORPORATION



Principal Place of Business

1605 NW 188 TERRACE
MIAMI FL 33169

Mailing Address

1605 NW 188 TERRACE
MIAMI FL 33169

2. Principal Place of Business

7850 NW 146 St

3. Mailing Address

7850 NW 146 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

404

404

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33016

Country

USA

Zip

33016

Country

USA

4. FEI Number

65-1127975

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

11016376



6. Name and Address of Current Registered Agent

STEVENS, WILLIAM S III
1605 NW 188 TERRACE
MIAMI FL 33169

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DUBOSE, SHERWOOD G
CITY-ST-ZIP 1605 NW 188 TERRACE
MIAMI FL 33169

TITLE ☐ Delete
NAME D
STREET ADDRESS STEVENS, WILLIAM S III
CITY-ST-ZIP 743 E. NINTH AVE.
TALLAHASSEE FL 32303

TITLE ☒ Delete
NAME D
STREET ADDRESS MCNEILL, ANN
CITY-ST-ZIP 1600 NW 27 AVE.
MIAMI FL 33147

TITLE ☐ Delete
NAME D
STREET ADDRESS ADAMS, EDGAR
CITY-ST-ZIP 368 STELLA RD., MONTAGUE GARDENS
7441 CAPE TOWN, SOUTH AFRICA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)