

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90240 015 ***150.00

DOCUMENT # **P01000109640**

1. Entity Name

E VOICE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1560 SANGRASS CORPORATION Parkway

3. Mailing Address

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

Zip

Country

4. FEI Number

65-1152306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MARIA IZTURREAGA**

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

1560 SANGRASS Corp. Parkway
City **SUNRISE** FL Zip Code **33323**

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 **X Maria Izturriaga**

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

(NOTE: Registered Agent signature required when reinstating)

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 **P**
NAME **FABIAN POURRAIN**
STREET ADDRESS **1560 SANGRASS Corp Parkway**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP**
NAME **MARIA IZTURREAGA**
STREET ADDRESS **1560 SANGRASS Corp Parkway**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **MAYELA MARES**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **1560 SANGRASS Corp Parkway**
SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **JOSE LOPEZ**
STREET ADDRESS **1560 SANGRASS Corp Parkway**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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: **X Maria Izturriaga**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #