

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91066 022 ***150.00

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DOCUMENT # P02000000759

1. Entity Name
VOIP INTERNATIONAL, INC.



Principal Place of Business
**16517 S.W. 97TH TERRACE
MIAMI FL 33196**

Mailing Address
**16517 S.W. 97TH TERRACE
MIAMI FL 33196**

2. Principal Place of Business

3. Mailing Address

3460 W. HILLSBORO BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # 107

City & State

City & State

COCONUT CREEK FL

Zip

Country

Zip

Country

33073

USA

4. FEI Number

90-0007320

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, LAURENCE
16517 S.W. 97TH TERRACE
MIAMI FL 33196**

7. Name and Address of New Registered Agent

Name **MARK ALLEN**
Street Address (P.O. Box Number is Not Acceptable)
**3460 W HILLSBORO BLVD
UNIT #107
City COCONUT CREEK FL Zip Code 33073**

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 **LAURENCE ALLEN (D)**

[Signature]

4/17/03

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

COPY PLEASE NOTE

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 11

TITLE **D** ☐ Delete
NAME **ALLEN, LAURENCE**
STREET ADDRESS **16517 S.W. 97TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **D** ☐ Change ☒ Addition
NAME **ENNEVOR, CHRISTOPHER**
STREET ADDRESS **2005 SE. 10 AVENUE, APT # 401**
CITY-ST-ZIP **FT. LAUDERDALE, FLORIDA 33316**

TITLE **D** ☐ Delete
NAME **ALLEN, MARK**
STREET ADDRESS **16517 S.W. 97TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE **D** ☒ Delete
NAME **JONES, DAIGNN**
STREET ADDRESS **6845 PARKWAY DRIVE**
CITY-ST-ZIP **LITHONIA GA 33058**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

4/17/03

Date

(305) 752-5810

Daytime Phone #

CF2E034 (10/02)