

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90146 034 \*\*\*150.00

**DOCUMENT # P02000030440**

1. Entity Name  
**PREPAID PROVIDER PLUS, INC.**



Principal Place of Business  
**1395 CORAL WAY SECOND FLOOR  
MIAMI FL 33145**

Mailing Address  
**1395 CORAL WAY SECOND FLOOR  
MIAMI FL 33145**

**55042466**



2. Principal Place of Business  
**NONE**

3. Mailing Address  
**P.O. Box 1133**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State  
**Key Biscayne, FL**

4. FEL Number  
**74,3047338**

Applied For  
☐ Not Applicable

Zip

Country

Zip  
**33149**

Country  
**Dade**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AVELLO, CRISTINA  
1395 CORAL WAY SECOND FLOOR  
MIAMI FL 33145**

Name  
**Cristina Avello**  
Street Address (P.O. Box Number is Not Acceptable)  
**799 Crandon Blvd #807**  
City  
**Key Biscayne** FL Zip Code  
**33149**

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 re-registering)

DATE

*[Signature: J. Avello / Cristina Avello]* 1/26/03

**FREE 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	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>AVELLO, CRISTINA</b>	
STREET ADDRESS	<b>1395 CORAL WAY SECOND FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>Shareholder</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Julio Avello</b>	
STREET ADDRESS	<b>P.O. Box 1133</b>	
CITY-ST-ZIP	<b>Key Biscayne, FL 33149</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowerment.

SIGNATURE:

*[Signature: J. Avello]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/03 (305)720-0730  
Date Daytime Phone #

CR2E034 (10/02)