

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90088 002 ***150.00

DOCUMENT # P02000043643

1. Entity Name
VOICES BY WILLY INC.



Principal Place of Business
333 S. ROYAL POINCIANA BLVD., APT. #303
MIAMI SPRINGS FL 33166

Mailing Address
333 S. ROYAL POINCIANA BLVD., APT. #303
MIAMI SPRINGS FL 33166



2. Principal Place of Business
333 S. Royal Poinciana Blvd

3. Mailing Address
333 S. Royal Poinciana Blvd.

Suite, Apt. #, etc.
Apt. # 303

Suite, Apt. #, etc.
Apt. # 303

City & State,
Miami Springs, FL

City & State
Miami Springs, FL

Zip Country
33166 U.S.A.

Zip Country
33166 U.S.A.

4. FEI Number
X01-0674203

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

CASALI, GUILLERMO M
333 S. ROYAL POINCIANA BLVD., APT. #303
MIAMI SPRINGS FL 33166

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CASALI, GUILLERMO M	
STREET ADDRESS	333 S. ROYAL POINCIANA BLVD., APT. #303	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARRETERO, MARCELA E	
STREET ADDRESS	333 S. ROYAL POINCIANA BLVD., APT. #303	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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	<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
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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 all other like empowered.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

04/07/03 (305) 884 6874
Date Daytime Phone #

CR2E034 (10/02)