

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/1

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

01-16-2003 90117 023 ***150.00

DOCUMENT # P02000068235

1. Entity Name
NET EXPRESS TELECOM CORPORATION



Principal Place of Business
1717 N. BAYSHORE DR #3057
MIAMI FL 33132

Mailing Address
1717 N. BAYSHORE DR #3057
MIAMI FL 33132

2. Principal Place of Business
1717 N. BAYSHORE DR #3057

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI

City & State
FL.

4. FEE Number
04-370367

Applied For
Not Applicable

Zip
33132

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

HERNANDEZ, ANA
1717 N. BAYSHORE DR #3057
MIAMI FL 33132

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, ANA 1717 N. BAYSHORE DR #3057 MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 individuals empowered.

SIGNATURE: **SEAN G. GRIFFIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03 **305 608-9614**
Date Daytime Phone #

CR2E034 (10/02)



Internal
Revenue
Service

Employer Identification Number (EIN) Cover Sheet

Date
July 20, 2002

No. of pages (including
this one)

1



Attachment
Doc# PO2000068235 / 88027890

Brookhaven IRS Campus - EIN Department

FAX: 1-631-447-8960

Phone: 1-866-816-2065

To
JULIO FERNANDEZ

From
Tax Examiner
19-06209
Team
107

FAX
(305) 446-8576

Phone
Refer to the numbers above

ATTENTION

Name of Entity

NET EXPRESS TELECOM CORP

EIN
04-3703467

Name of Entity

EIN

Name of Entity

EIN



Please see the following letter regarding missing or incorrect information on your Form SS-4, Application for a Federal Employer Identification Number (EIN).

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