

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90147 017 \*\*\*150.00

5/7

44003911

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000119567**

1. Entity Name  
**MB2 PAYPHONE PROVIDERS, INC.**



Principal Place of Business  
**14821 SW 148 AVE  
MIAMI FL 33196**

Mailing Address  
**14821 SW 148 AVE  
MIAMI FL 33196**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For  
☐ Not Applicable

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

**KRAM, MICHAEL A  
14821 SW 148 AVE  
MIAMI FL 33196**

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

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**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP KRAM, MICHAEL A 14821 SW 148 AVE MIAMI FL 33196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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

CR2E034 (10/02)

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

4/30/03

Date

Daytime Phone #

attachment  
PO2000119567

44003911

**MB<sub>2</sub>, Inc.**

PROPERTIES

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14621 S.W. 148th Avenue  
Miami, FL 33196  
Phone: (305) 253-0016  
Fax: (305) 251-6917

June 5, 2003

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PO Box 1500


Tallahassee, FL 32302

Dear Sirs:

Enclosed please our annual report.

Since we have not yet received our FEI number from the IRS we are returning this document with the "applied for" box checked.

Sincerely,



Michael Kram  
President, MB<sub>2</sub>, Inc.