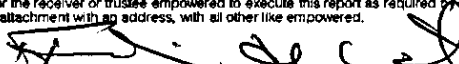


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90386 037 ***150.00

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

DOCUMENT # P02000121226			
1. Entity Name UNIVERSAL PHONE PLUS, INC.			
Principal Place of Business 1938 NW 17TH AVE MIAMI, FL 33125		Mailing Address 1938 NW 17TH AVE MIAMI, FL 33125	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 14-7859854		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LOS SANTOS, FRANKLYN 16651 SW 112ND WAY MIAMI, FL 33196		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 4/26/03 (NOTE: Registered Agent signature required when registering)			
FILE NOW! FEE IS \$150.00 After May 2, 2003 fee will be \$500.00 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 DE LOS SANTOS, FRANKLYN 16651 SW 112ND WAY MIAMI, FL 33196 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV. De Los Santos Franklin ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SANCHEZ, JULIAN M 8323 NW 195TH TERRACE MIAMI, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. Sanchez Julian M. ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HERNANDEZ, JULIAN E 8810 NW 189TH TERRACE MIAMI, FL 33018 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PORTILLO, JOSE 6647 W 22ND LANE HIALEAH, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 like empowered.			
SIGNATURE: 		Date 305-326-1995 Daytime Phone #	

90121014



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)