

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000004316

1. Entity Name

UNIPLEX TELECOM TECHNOLOGIES, INCORPORATED

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90086 024 ***158.75

Principal Place of Business	Mailing Address
1642 BRICKELL AVE SUITE 540 MIAMI FL 33129 US	PO BOX 310639 MIAMI FL 33231-0639 US

2. Principal Place of Business	3. Mailing Address
848 BRICKELL AVENUE	
Suite, Apt. #, etc. 1120	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State
Zip 33131	Country U.S.

4. FEI Number 65-0382247	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ZURITA, CECILIA 1945 SW 81 WAY DAVIE FL 33324

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	DT <input type="checkbox"/> Delete
NAME	ZURITA, CECILIA
STREET ADDRESS	110 EAST BROWARD BLVD., SUITE 540
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	P <input type="checkbox"/> Delete
NAME	VASCONEZ, WASHINGTON
STREET ADDRESS	2 GROVE ISLE DR
CITY-ST-ZIP	MIAMI FL
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	

12. 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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 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

Date

Daytime Phone #

4/28, 2000 305 858-6700

CR2E034 (9/99)