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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000061009

1. Entity Name
AMERITEL PAYPHONE DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
11098 BISCALNE BLVD. #201 MIAMI, FL 33161	11098 BISCALNE BLVD. #201 MIAMI, FL 33161

03

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
11098 Biscayne Blvd.			
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33161	Country USA	Zip	Country

4. FEI Number 65-0577047 ☐ 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
COVE, ANDREW 225 S 21 AVE HOLLYWOOD, FL 33020	Name: Peter G. Gruber, PA Street Address (P.O. Box Number is Not Acceptable): 9100 South Dadeland Blvd. One Datran Center, Suite 910 City: Miami FL Zip Code 33156

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] 3/7/03
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	PSTD MATALON, KIMBERLY 3719 BATTERSEA ROAD COCONUT CREEK, FL 33133 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD Roy Goodman 9555 Broadview Terrace Miami, FL 33154 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] 3/7/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #