FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90093 042 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2002

DOCUMENT # P95000077968

1. Entity Name

VOICE FLASH NETWORKS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6401 CONGRESS AVE
Suite, Apt. #, etc.
250
City & State
BOCA RATON FL
Zip 33487 Country

3. Mailing Address
6401 CONGRESS AVE
Suite, Apt. #, etc.
250
City & State
BOCA RATON FL
Zip 33487 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0623427
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name SCHNEIDER, JAMES M.
Street Address (P.O. Box Number is Not Acceptable)
350 E. LAS OLAS BLVD
SUITE 1100
City FT. LAUDERDALE FL Zip Code 33301

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) Date

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

January 1 - May 1 Fee is $150.00
Amended UBR is $61.25
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	P, D, C.E.O.
NAME	KAUFMAN, ROBERT
STREET ADDRESS	6401 CONGRESS AVE #250
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	C.F.O.
NAME	COHEN, LARRY
STREET ADDRESS	6401 CONGRESS AVE #250
CITY-ST-ZIP	BOCA RATON, FL 33401

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(FR2004B (12/01)

10. 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 serve 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR