

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90103 032 \*\*\*150.00

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|   |   |
|---|---|
| <b>DOCUMENT # P95000079166</b>  |   |
| 1. Entity Name<br><b>DIALTONE, INC.</b>   |   |
| Principal Place of Business<br><b>4101 SW 47 AVENUE<br/>SUITE 101<br/>FORT LAUDERDALE FL 33314<br/>US</b> | Mailing Address<br><b>4101 SW 47 AVENUE<br/>SUITE 101<br/>FORT LAUDERDALE FL 33314<br/>US</b> |
| 2. Principal Place of Business  | 3. Mailing Address  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.   |
| City & State  | City & State  |
| Zip   | Country   |



DO NOT WRITE IN THIS SPACE

|   |  |                                       |
|---|--|---------------------------------------|
| 4. FEI Number <b>65-0614739</b>                           |  | Applied For                           |
|   |  | Not Applicable                        |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |

|  |  |  |          |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent        |          |
| <b>ALBARRACIN, ALVARO A</b><br><b>4101 S.W. 47TH AVE.</b><br><b>STE. 101</b><br><b>FT. LAUDERDALE FL 33314</b> |  | Name   |          |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|  |  | City   |          |
|  |  | <b>FL</b>  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |   |   |                                    |
|--|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS                             |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---------------------------------|---|--|
| TITLE<br><b>PD</b>                                     | <input type="checkbox"/> Delete | TITLE<br><b>SD</b>                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>ALBARRACIN, MADELYN</b>                     |                                 | NAME<br><b>Albarracin, madelyn</b>                    |  |
| STREET ADDRESS<br><b>4101 S.W. 47TH AVE., STE. 101</b> |                                 | STREET ADDRESS<br><b>4101 sw 47 Ave, ste 101</b>      |  |
| CITY-ST-ZIP<br><b>FT. LAUDERDALE FL 33314</b>          |                                 | CITY-ST-ZIP<br><b>Ft. Lauderdale, FL 33314</b>        |  |
| TITLE<br><b>VD</b>                                     | <input type="checkbox"/> Delete | TITLE<br><b>P.D., CEO</b>                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>ALBARRACIN, ALVARO</b>                      |                                 | NAME<br><b>Albarracin, Alvaro</b>                     |  |
| STREET ADDRESS<br><b>4101 S.W. 47TH AVE., STE. 101</b> |                                 | STREET ADDRESS<br><b>4101 SW 47 Ave, ste 101</b>      |  |
| CITY-ST-ZIP<br><b>FT. LAUDERDALE FL 33314</b>          |                                 | CITY-ST-ZIP<br><b>Ft. Lauderdale, FL 33314</b>        |  |
| TITLE<br><b>D</b>                                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>KAPLAN, NORMAN</b>                          |                                 | NAME  |  |
| STREET ADDRESS<br><b>7770 W OAKLAND PARK BLVD</b>      |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP<br><b>FORT LAUDERDALE FL 33351-6746</b>    |                                 | CITY-ST-ZIP   |  |
| TITLE<br><b>CFO</b>                                    | <input type="checkbox"/> Delete | TITLE<br><b>CFO</b>                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>MIGNER, LAURIE</b>                          |                                 | NAME<br><b>MIGNER, LAURIE</b>                         |  |
| STREET ADDRESS<br><b>4101 SW 47TH AVE</b>              |                                 | STREET ADDRESS<br><b>4101 SW 47 Ave, ste 101</b>      |  |
| CITY-ST-ZIP<br><b>FT LAUDERDALE FL 33486</b>           |                                 | CITY-ST-ZIP<br><b>Ft. Lauderdale, FL 33314</b>        |  |
| TITLE<br><b>D</b>                                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>HICKMAN, POWELL</b>                         |                                 | NAME  |  |
| STREET ADDRESS<br><b>515 N FLAGLER DR SUITE 1200</b>   |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP<br><b>WEST PALM BEACH FL 33401</b>         |                                 | CITY-ST-ZIP   |  |
| TITLE  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                                 | NAME  |  |
| STREET ADDRESS   |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP  |                                 | 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:** \_\_\_\_\_ **02/05/01** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)