

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088647

1. Entity Name
DVOX, INC.

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90010 035 ***558.75

0042046 AV

Principal Place of Business
3550 BISCAYNE BLVD
STE 207
MIAMI FL 33137
US

Mailing Address
7098 BONITA DRIVE
MIAMI BEACH FL 33141
US

C0075916



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0623252

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OMES, ALEJANDRO
1900 S TREASURE DR
SUITE 8P
MIAMI BEACH FL 33141

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

Signature, typed or printed name of registered agent and title if applicable.

(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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME OMES, ALEJANDRO
STREET ADDRESS 1900 S TREASURE DR, STE 8P
CITY-ST-ZIP MIAMI BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVP
NAME CAPELLA, DIEGO
STREET ADDRESS 3550 BISCAYNE BLVD STE 207
CITY-ST-ZIP MIAMI FL

☐ Delete

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Alejandro Omes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/01 (305) 379-1010
Date Daytime Phone #

CR2E034 (5/01)