

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90187 033 ***158.75

DOCUMENT # P95000088647

1. Entity Name

D'VOX, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3550 BISCAYNE BLVD

Suite, Apt. #, etc.

STE. # 207

3. Mailing Address

7098 BONITA DRIVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI BEACH, FLORIDA

Zip

33137

Country

US

Zip

33141

Country

US

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

OMES, ALEJANDRO

Street Address (P.O. Box Number is Not Acceptable)

1900 S. TREASURE DRIVE

SUITE 8P

City

MIAMI BEACH

FL

Zip Code

33141

**DO NOT WRITE
IN THIS SPACE**

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

7/11/02

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

After May 1, Fee is \$550.00

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
OMES, ALEJANDRO
1900 S. TREASURE DRIVE, STE 8P
MIAMI BEACH, FL 33141

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
XXDELETE

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IN THIS SPACE**

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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/11/02 (305) 868-5365

Date

Daytime Phone #

Attachment
P95000088647
120264

D'VOX, INC.
3550 BISCAYNE BLVD, STE. # 207
MIAMI, FLORIDA 33137
(305) 868-5365

July 03, 2002

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

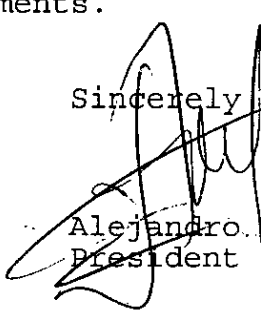
Re: Annual Report 2002

Dear Office:

Please be advised that I did not received the Uniform Business Report for the calendar year 2002. Unfortunate we find it out late and penalty fees have been assessed. We are writing you to request that said assessment fees be waived. We did not received said form and we were not aware of these payments on time.

Thank you for your cooperation. I will be looking forward to hear from you in the near future and to be granted the waiver of these assessments.

Sincerely yours,


Alejandro Omes
President