

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012948

1. Entity Name
ALLIANCE TELECOM SERVICES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90211 048 ***150.00

Principal Place of Business
1101 BRICKELL AVE., SUITE 1101
MIAMI FL 33131
US

Mailing Address
1101 BRICKELL AVE., SUITE 1101
MIAMI FL 33131-3151
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2977 Mc FARLANE Rd.
Suite, Apt. #, etc.

3. Mailing Address
2977 Mc FARLANE Rd.
Suite, Apt. #, etc.

City & State
COCONUT GROVE FL

City & State
COCONUT GROVE, FL

Zip
33133

Country
DADE.

Zip
33133

Country
DADE.

4. FEI Number 65-0640767

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
VIZCARRA, HUGO
9212 SW 78 PL.
MIAMI FL 33156

7. Name and Address of New Registered Agent
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 HUGO VIZCARRA (PRESIDENT) 4/17/00
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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT VIZCARRA, HUGO 9212 SW 78 PL. MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GUERRA, DAVID 6135 SW 129 PL., #1907 MIAMI FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: HUGO VIZCARRA (PRESIDENT) 4/17/00 305-379-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #