

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90308 008 \*\*\*150.00

0140796 AV

**DOCUMENT # P96000033182**

1. Entity Name

**DIGITAL KEY TELEPHONES INC.**  
*DIGITAL Business Telephone, Inc*

Principal Place of Business

17920 NW 82ND COURT  
 MIAMI FL 33015

Mailing Address

PO BOX 172105  
 HIALEAH FL 33017-2105

2. Principal Place of Business

*DIGITAL Business Telephone*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Same*

City & State

*Same*

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DIGITAL BUSINESS TELEPHONES INC**

~~DIGITAL KEY TELEPHONES INC.~~

18960 NW. 67TH PLACE  
 MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

*DIGITAL Business Telephone Inc.*

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

*17920 NW 82ND COURT*

City

*Miami*

**FL**

Zip Code

*33015*

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

*02/18/02*

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, 2002 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 **P** ☐ Delete  
 NAME **GUZMAN, JOSE D**  
 STREET ADDRESS **18960 N.W. 67TH PLACE**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete  
 NAME *743*  
 STREET ADDRESS *1820 NW 76*  
 CITY-ST-ZIP *MIAMI FL 33015*

TITLE ☐ Delete  
 NAME *1045 NW 21*  
 STREET ADDRESS *MIAMI FL 33015*  
 CITY-ST-ZIP *MIAMI FL 33015*

TITLE ☐ Delete  
 NAME *1045 NW 21*  
 STREET ADDRESS *MIAMI FL 33015*  
 CITY-ST-ZIP *MIAMI FL 33015*

TITLE ☐ Delete  
 NAME *1045 NW 21*  
 STREET ADDRESS *MIAMI FL 33015*  
 CITY-ST-ZIP *MIAMI FL 33015*

TITLE ☐ Delete  
 NAME *1045 NW 21*  
 STREET ADDRESS *MIAMI FL 33015*  
 CITY-ST-ZIP *MIAMI FL 33015*

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
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 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*02/18/02* *805* *818-9902*

CR2E034 (9/01)