

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90465 003 ***150.00

DOCUMENT # P96000059802

1. Entity Name
DIAL ISDN, INC.

Principal Place of Business

11040 N.W. 7TH STREET
PLANTATION FL 33324

Mailing Address

10097 CLEARY BLVD.
SUITE 273
PLANTATION FL 33324
US

2. Principal Place of Business

9601 W. BROWARD BLVD
Suite, Apt. #, etc.

3. Mailing Address

10097 Cleary Blvd
Suite, Apt. #, etc.

City & State
Plantation, FL

Zip
33324

Country
BROWARD

City & State
Plantation

Zip
33324

Country
FL

4. FEI Number 65-0694690

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHURBA, ALBERT
10097 CLEARY BLVD.
SUITE 273
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name Holly Cohen, PA
Street Address (P.O. Box Number is Not Acceptable)
1380 MIAMI GARDENS DRIVE
Suite 255
City N. Miami Beach FL Zip Code 33179

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

(NOTE: Registered Agent signature required when reinstating)

DATE 3/7/01

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	CHURBA, ALBERT	
STREET ADDRESS	10097 CLEARY BLVD PMB 273	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHURBA, JOHN	
STREET ADDRESS	10097 CLEARY BLVD PMB 273	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHURBA, DENISE	
STREET ADDRESS	10097 CLEARY BLVD PMB 273	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)