

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068992

1. Entity Name

AMERICAN COMPUTER TELEPHONY, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90992 017 ***150.00

Principal Place of Business

Mailing Address

255 ALTAMBRA
720
CORAL GABLES FL 33134
US

255 ALTAMBRA
720
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

255 Alhambra Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

720

Coral Gables, FL

City & State

33134

Country

USA

Zip

Country

4. FEI Number 65-0761874

Applied For

Not Applicable

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

CALVACHE, GUSTAVO
255 ALTAMBEA CIR
T 720
CORAL GABLES FL 33134

Name
GUSTAVO Calvache
Street Address (P.O. Box Number is Not Acceptable)
255 Alhambra Circle #720
Coral Gables
City FL 33134

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]*
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CALVACHE, GUSTAVO
STREET ADDRESS 255 ALHANBEA CIR T 720
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE PD
NAME CALVACHE, GUSTAVO
STREET ADDRESS 255 ALHAMBRA CIRCLE #720
CITY-ST-ZIP Coral Gables, FL 33134 ☒ Change ☐ Addition

TITLE TD
NAME CALVACHE, DANIEL
STREET ADDRESS 255 ALHANBEA CIR T 720
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE TD
NAME CALVACHE, DANIEL
STREET ADDRESS 255 ALHAMBRA CIRCLE #720
CITY-ST-ZIP Coral Gables, FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 305 444-8800
Date Daytime Phone #

CR2E034 (9/99)