

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90077 007 ***150.00

730993

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000107475**1. Entity Name**

TOTALLY VOICE, INC.

Principal Place of Business**Mailing Address****2. Principal Place of Business**

10940 Cameron Drive

3. Mailing Address

11607 Palmetto Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 105

City & State

City & State

Davie, FL

Cooper City, FL

4. FEI Number

65-0914614

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

33026

Country

USA

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**

Name

GARY A. CRAIN

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

10940 Cameron Drive

Suite 105

City

Davie,

FL

Zip Code

33324

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 use if applicable.

(NOTE: Registered Agent signature required when rotating)

DATE

4/26/00

**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	☐ Delete
NAME	CRAIN, Gary A.	
STREET ADDRESS	11607 Palmetto Way	
CITY-ST-ZIP	Cooper City, FL 33026	

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary - Vice President	☐ Change ☒ Addition
NAME	John Brodie	
STREET ADDRESS	2967 Myrtle OAK circle	
CITY-ST-ZIP	DAVIE, FL 33328	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer	☐ Change ☒ Addition
NAME	Rui Dias-Aldas	
STREET ADDRESS	1301 N. 35th Ave.	
CITY-ST-ZIP	Hollywood, FL 33021	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ 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)(f), 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 807, 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

Gary A. Crain

4/26/00 (954) 370-7053

Date

Daytime Phone