

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000007425**

1. Entity Name

**MIAMI PHONE COMMUNICATIONS, CORP**

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90009 024 \*\*\*150.00

Principal Place of Business

Mailing Address

**8405 NW 53 ST.**  
**C-100**  
**MIAMI, Florida 33166**

2. Principal Place of Business

**2201 NW 102 Place**

3. Mailing Address

**2201 NW 102 Place**

Suite, Apt. #, etc.

**Bay 3**

Suite, Apt. #, etc.

**Bay 3**

City & State

**Miami FL.**

City & State

**Miami FL.**

4. FEI Number

**65-0826054**

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

**33172**

**U.S.A.**

Zip

**33172**

Country

**USA.**

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**POWELL-COSIO, Sofia**  
**1390 Brickell Ave #200**  
**MIAMI, FL. 33131 U.S.**

7. Name and Address of New Registered Agent

Name

**Jorge Pedrosa**

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

**2201 NW 102 Place**

**Bay 3**

City

**Miami**

**FL**

Zip Code

**33172**

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

**Jorge Pedrosa**

**04/24/00**

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

**D Pedrosa, Jorge**  
**8405 NW 53 St C-100**  
**MIAMI, FL. 33166**

☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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☐ 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

**Jorge Pedrosa**

Date

**04/24/00**

Daytime Phone #

**305-436-9991**

CR2E034 (9/99)