

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 28, 2002 8:00 am  
Secretary of State

04-28-2002 90777 045 \*\*\*150.00

DOCUMENT # P98000007425

1. Entity Name

MIAMI PHONE COMMUNICATIONS, CORP.

641855

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
15863 NW 10 STREET

Suite, Apt. #, etc.

3. Mailing Address  
15863 NW 10 STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PEMBROKE PINES

City & State  
PEMBROKE PINES

4. FEI Number  
65-0826054

Applied For  
Not Applicable

Zip Country  
FL 33028

Zip Country  
FL 33028

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

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
PEDROSA, JORGE

Street Address (P.O. Box Number is Not Acceptable)  
15863 NW 10 STREET

City Zip Code  
PEMBROKE PINES FL 33028

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
PEDROSA, JORGE  
15863 NW 10 STREET  
PEMBROKE PINES, FL 33028

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jorge Pedrosa 4/15/02 9544350928  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #