## 2001 UNIFORM BUSINESS REPORT (UBR

## FILED Aug 09, 2001 8:00 am Secretary of State

1. Entity Nam	MENT # P9800 al phone card, corp.	Aug 09, 2001 8:00 am Secretary of State 08-09-2001 90046 018 ***150.00						
Principal Place of Business 900 W. 49 ST 302 HIALEAH FL 33012		Mailing Address 900 W. 49 ST 302 HIALEAH FL 33012		COMMONDA HIS REIGN DENN BEDN BÊND DENN BENN BENN HERN HEED HEED HARD BENN HEED HEED HARD BENN HEED				
2. Principal P	lace of Business	3. Mailing Address Suite, Apt. #, etc.						
Suite, Apt.	#, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number 65-0822478		Applied For Not Applicable		]
Zip	Country	Zip	Country	5. Certificate of St.	atus Desired	\$8.75 Add Fee Required	litional	1
	6. Name and Address of Current R	legistered Agent			ress of New Registered	Agent		1
	JOHN V 11 COURT FL 33323)	er versioner i i i i i i i i i i i i i i i i i i i	Street Add	ress (P.O. Box Number is 1	Not Acceptable)			-
-4:		City		FL	Zip Code	9	١	
9. This corporate filling r	named entity submits this statement for  Signature, typed or printed name of registered agent ar  viration is eligible to satisfy its Intangible equirement and elects to do so, it is on back)	FILE NOW!! After September 12, Make Check Payab	Registered Agent signature FEE IS \$550.00 2001 Fee will be le to Department	equired when reinstating)  750.00	DATE  Campaign Financing  nd Contribution.  [	Added	<b>0</b> May Be to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUQUE, JOHN 12680 NW 11 COURT SUNRISE FL 33323	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHA	NGES TO OFFICERS AND	DIRECTORS ☐ Change	Addition	100,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE LOS SANTOS, FRANKLIN 15651 SW 112 WAY MIAMI FL 33196	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	{
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANCHEZ JULIAN 12680 NW 11 COURT SUNRISE FL 33323	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, JULIAN 2550 NW 13 STREET, NO. 335 MIAMI FL 33125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	☐ Addition	
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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:

Date

Attach ment Dre. # p98000007475-B0001832

July 27, 2001

To: Florida Department of State

From: Universal Phone Card Corporation

Reference: Annual Report Year 2001, Doc No.P98000007475

I did not send the Annual Report fee of \$150.00 because I never received the corporation Annual Report for the year 2001. Since I did not receive it, I forgot to pay for it. Perhaps, the address was incorrect on the form. My-correct address is :: 900-W 49th-ST-STE 406, Hialeah, Florida 33012.

Please, I am requesting to be excused and to accept the payment of \$150.00 for my corporation. Attached see check for payment.

Thank You,

John J Duque

ATTACHED 2001 UNIFORT BUSINESS REPORT LUBR)

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UNIVERSA Principal Place of Business 900 W. 49 S SUITE 406	AL PHONE CARI	75				Hackmid BOOK 1832				
900 W. 49 S		O, CORP.								
		Mailing Address				,				
HIALEAH, F		900 W. 49 ST SUITE 406 HIALEAH, FL		12						
. Principal Place of Busine	ess	3. Mailing Address				i				
Suite, Apt. #. etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State				El Number		<b>→</b>	pplied For	
Zip	Country	Zip	Coun	try		65~0822478 Pertificate of Status Desired		8.75 Add		
6. Name	and Address of Current Re	raistered Agent		· ·		ame and Address of New I		ee Require	d	
o. name	The results of Children Ve			í lame	·	and Address of New I	- Signarered W	e when he	<del></del>	
DUQUE, JOHN			ļ	Street Add	dress (P.O. Bo	ox Number is Not Acceptable	e)			
12680 NW 11 COURT SUNRISE, FL. 33323							· · · · · · · · · · · · · · · · · · ·			
				City			FL	Zip Code	e	
The above named entity	submits this statement for th	ne purpose of changing its	Lacistore	ed office or re	anistered and	et or both in the State of El	<u> </u>	<u> </u>		
. The above hamed chity	submits this statement for the	te purpose of changing its	registore	a onice or re	egistereti age	ini, or both, in the State of Fi	onoa.			
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	r printed name of registered agent and	LY No. 10 and 10	1010 845	5 000 S 588 355	required when rel	istaling)	DAIE			
<ol> <li>This corporation is eligit Tax filing requirement ar (See criteria on back)</li> </ol>		After MAY 1, 200 Make Check Payab	)1 Fee	will be \$55	0.00267	<ol> <li>Election Campaign Fi Trust Fund Contribution</li> </ol>			<b>0</b> May Be to Fees	
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ITLE PD	, JOHN	☐ Delete	TITLE	i i				□ Change	Addition	
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