

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90049 026 ***150.00

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1. Entity Name
UNIVERSAL PHONE CARD, CORP.



Principal Place of Business
**900 W. 49 ST
406
HIALEAH, FL 33012**

Mailing Address
**900 W. 49 ST
406
HIALEAH, FL 33012**

20021625



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0822478

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DUQUE, JOHN
1387 NW 165TH AVE.
PEMBROKE PINES, FL 33028**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DUQUE, JOHN
STREET ADDRESS 1387 NW 165 AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE VD ☐ Delete
NAME DE LOS SANTOS, FRANKLIN
STREET ADDRESS 15651 SW 112 WAY
CITY-ST-ZIP MIAMI, FL 33196

TITLE TD ☐ Delete
NAME SANCHEZ, JULIAN
STREET ADDRESS ~~42680 NW 11 COURT~~
CITY-ST-ZIP ~~SUNRISE, FL 33323~~

TITLE SD ☐ Delete
NAME HERNANDEZ, JULIAN
STREET ADDRESS ~~2550 NW 13 STREET, NO. 395~~
CITY-ST-ZIP ~~MIAMI, FL 33125~~

TITLE D ☐ Delete
NAME PORTILLO, JOSE O
STREET ADDRESS ~~16200 SW 104TH STREET, #314~~
CITY-ST-ZIP ~~MIAMI, FL 33146~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME SAUCHEZ, JULIAN
STREET ADDRESS 8323 NW 195 TERRACE
CITY-ST-ZIP MIAMI, FL 33015

TITLE ☒ Change ☐ Addition
NAME HERNANDEZ JULIAN
STREET ADDRESS 8810 NW 789 TERR
CITY-ST-ZIP MIAMI, FL 33018

TITLE ☒ Change ☐ Addition
NAME PORTILLO, JOSE O
STREET ADDRESS 1339 71 ST.
CITY-ST-ZIP MIAMI BEACH, FL 33141

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #