

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**  
 05-19-2000 90009 050 \*\*\*150.00

DOCUMENT # *P98000019305*

1. Entity Name

*Multiphone USA, Inc.*

Principal Place of Business

Mailing Address

*8405 NW 53 st.  
 C-100  
 Miami, FL. 33166*

**B0090057**

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*

DO NOT WRITE IN THIS SPACE

City & State

*Miami FL*

City & State

*Miami FL*

4. FEI Number

*65-0823860*

Applied For

Not Applicable

Zip

*33172*

Country

*U.S.A.*

Zip

*33172*

Country

*U.S.A.*

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

*POWELL-COSIO, Sofia  
 1390 Brickell Avenue  
 Suite 200  
 Miami, FL 33131 US*

Name

*Jorge Pedrosa*

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

*2201 N.W. 102nd 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]*

*Jorge Pedrosa*

*04/24/00*

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)

☐

**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	<input type="checkbox"/> Delete
NAME	<i>D Pedrosa, Jorge</i>
STREET ADDRESS	<i>8405 NW 53rd St C-100</i>
CITY-ST-ZIP	<i>Miami, FL. 33166</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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]*

*Jorge Pedrosa*

*04/24/00*

*305-436-9991*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)