

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90326 019 \*\*\*158.75

**DOCUMENT # P98000022003**

**1. Entity Name**  
**AMERICA'S LINK, CORP.**

**Principal Place of Business**      **Mailing Address**  
~~6747 NW 192 LN~~ **8001 N.W. 36 ST.**      **6747 NW 192 LN**  
**MIAMI FL 33015**      **SUITE 109**      **MIAMI FL 33015**  
**MIAMI, FL 33166**

**2. Principal Place of Business**      **3. Mailing Address**  
**8001 N.W. 36 STREET**      **6747 NW. 192 LN**  
**Suite, Apt. #, etc.**      **Suite, Apt. #, etc.**  
**# 109**

**City & State**      **City & State**  
**MIAMI, FL**      **MIAMI, FL**  
**Zip**      **Country**      **Zip**      **Country**  
**33166**      **DADE**      **33015**      **DADE**

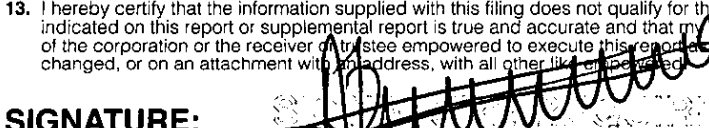
**4. FEI Number**      **Applied For**  
**65-0822774**      **Not Applicable**  
**5. Certificate of Status Desired**      ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**  
**AGREDO VANEGAS, JAVIER E**      **Name**  
**6747 NW 192 LN**      **Street Address (P.O. Box Number is Not Acceptable)**  
**MIAMI FL 33015**      **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.**  
**SIGNATURE**      **DATE**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2002 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	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>AGREDO VANEGAS, JAVIER E</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>6747 NW 192 LN</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33015</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>AGREDO, RENATA</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>6747 NW 192 LN</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33015</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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 information.**  
**SIGNATURE:**  **April 12, 2002**      **305-597-3801**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #