

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT #** p98000033762**1. Entity Name**

FLORIDA CALL CENTER, INC.

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91169 030 \*\*\*150.00

**Principal Place of Business****Mailing Address**9187 FONTAINEBLEAU BLVD.  
SUITE 11  
MIAMI, FL 33172

SAME

771271

**2. Principal Place of Business**

9187 FONTAINEBLEAU BLVD.

**3. Mailing Address**

199 SW 12TH AVENUE

Suite, Apt. #, etc.

SUITE 11

Suite, Apt. #, etc.

SUITE 11

**City & State**

MIAMI, FL

**City & State**

MIAMI, FL

**4. FEI Number**

65-0831696

Applied For

Not Applicable

**Zip**  
33172**Country**  
USA**Zip**

33130-1054

**Country**  
USA**5. Certificate of Status Desired**☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent**JE OYARCE & ASSOCIATES  
199 SW 12TH AVENUE  
SUITE 11  
MIAMI, FL 33130**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****SIGNATURE**

Signature typed or printed name of registered agent and fee payable

(NOTE: Registered Agent's signature required when reappointing)

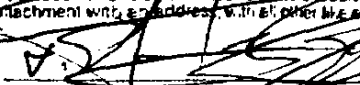
DATE

**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, 2001 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****TITLE**  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
P/D/  
PUIGJANE ESTEBAN  
9187 FONTAINEBLEAU BLVD, STE 11☐ Delete

MIAMI, FL 33172

☐ Delete**TITLE**  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

MIAMI, FL 33172

☐ Delete**TITLE**  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ Delete**TITLE**  
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NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ Delete**TITLE**  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition**TITLE**  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition**TITLE**  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition**TITLE**  
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CITY-STATE-ZIP  
☐ Change ☐ Addition**TITLE**  
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STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition**TITLE**  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 employees.****SIGNATURE:**  ESTEBAN PUIGJANE, PRESIDENT 4/23/01 305-324-2248