2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91169 030 ***150.00

771271

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # p98000033762

1. Entity Name
FLORIDA CALL CENTER, INC.

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

2. Principal Place of Business		3. Mailing Address	
9187 FONTAINEBLEAU BLVD.		199 SW 12TH AVENUE	
Suite, Apt #, etc.: SUITE 11		Suite, Apt #, etc.: SUITE 11	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33172	Country: USA	Zip: 33130-1056	Country: USA

4. FEI Number: 65-0831696 ☐ Applied For ☐ 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
JE OYARCE & ASSOCIATES 199 SW 12TH AVENUE SUITE 11 MIAMI, FL 33130	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 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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D/ PUIGJANE ESTEBAN 9187 FONTAINEBLEAU BLVD, STE 11 MIAMI, FL 33172	☐ 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: ESTEBAN PUIGJANE, PRESIDENT 4/23/01 305-324-2248