AMENDED

03

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 JUN -2 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000085927

1. Entity Name
RELIABLE TELECARD CORPORATION

DO NOT WRITE IN THIS SPACE

700020320797
06/02/03--01095--001 **70.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16550 NW 10 AVENUE	16550 NW 10 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33169 Country: US	Zip: 33169 Country: US

4. FEI Number 650871837 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: ISSA ASAD
Street Address (P.O. Box Number is Not Acceptable): 16550 NW 10 AVENUE
City: MIAMI FL Zip Code: 33169

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] ISSA ASAD DATE 5/27/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P, S, T, D	TITLE	
NAME	ISSA ASAD	NAME	
STREET ADDRESS	16550 NW 10 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ISSA ASAD 5/27/03 800 568 9429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JL 6/3