

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90093 002 ***150.00

DOCUMENT # P98000088285

1. Entity Name
PHONECARD SERVICES, INC.



Principal Place of Business
**5750 COLLINS AVENUE #9K
MIAMI BEACH FL 33140**

Mailing Address
**5750 COLLINS AVENUE #9K
MIAMI BEACH FL 33140**



2. Principal Place of Business
690 Lincoln Rd
Suite Apt. #, etc.
203

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
Miami Beach, FL

City & State

4. FEI Number
65-0869649

Applied For

Not Applicable

Zip
33139

Country

Zip

Country

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

GOLDMAN, DAVID E
20700 WEST DIXIE HIGHWAY
SUITE 100
NORTH MIAMI BEACH FL 33180

PAUL SOROTA

Name **PAUL SOROTA / PhoneCard Services**
Street Address (P.O. Box Number is Not Acceptable)
690 Lincoln Road
Suite 203
City **Miami Beach FL** Zip Code **33139**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SOROTA, PAUL**
STREET ADDRESS **5750 COLLINS AVENUE #9K**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **PD** ☐ Change ☐ Addition
NAME **PAUL SOROTA**
STREET ADDRESS **690 Lincoln Rd H-203**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03 305-695-2662

Date

Daytime Phone #

CR2E034 (10/02)