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Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 01, 2001 8:00 am Secretary of State DOCUMENT # P98000093719 I & I WORLDWIDE MESSENGER SERVICES, INC. 05-01-2001 90006 020 \*\*\*150.00 Principal Place of Business Mailing Address 4471 N.W. 36TH STREET 4471 N.W. 36TH STREET SUITE 240-A SUITE 240-A MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 Principal Place of Business Mailing Address la Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Ciżv & State 4. FEI Number 65-0873181 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VENTO, IRAN 4471 N.W. 36TH STREET SUITE 240-A MIAMI SPRINGS FL 33166 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRE CTORS IN 11 PSD ☐ Delete TITI ₹ ☐ Addition TITLE VENTO, IRAN vento Iran NAME NAME 4471 N.W. 36TH STREET SUITE 240-A STREET ADDRESS STREET ADDRESS 1072 E. 1854. CITY-ST-ZIF MIAMI SPRINGS FL 33166 CITY-ST-ZIP 3301**3** Hialeah, F ☐ Delete TITLE ☐ Addition TITLE € VPD ESSTEVEZ, YELENIS NAME Estevez, Yclenis NAME STREET ADDRESS 4471 N.W. 36TH STREET #240A STREET ADDRESS 1072 E 185 CITY-ST-ZIP MIAMI SPRINGS FL 33166 CITY-ST-ZIP Addition TITLE ☐ Change TITLE Delete ESTOVEZ, PABLO NAME\* NAME STREET ADDRESS STREET ADDRESS 1072 E. 1854. CITY-ST-ZIP CITY-ST-ZIP Hialean, E TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY-ST-7(P) TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.