

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90294 013 ***150.00

DOCUMENT # P99000055743

1. Entity Name
IN - TOUCH PAGING INC.

| | |
|--|--|
| Principal Place of Business 602 N.W. 62ND ST. MIAMI FL 33150 | Mailing Address 602 N.W. 62ND ST. MIAMI FL 33150 |
|--|--|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---------------------------------|----------------|
| 4. FEI Number 65-0932083 | Applied For |
| | Not Applicable |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, WORRELL
3410 FOXCROFT RD. #208
MIRAMAR FL 33025

| |
|--|
| 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 _____ (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 | P | <input type="checkbox"/> Delete |
| NAME | LEE, WORRELL | |
| STREET ADDRESS | 602 N.W. 62ND ST. | |
| CITY - ST - ZIP | MIAMI FL 33150 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | COOPER-LEE, PAULETTE | |
| STREET ADDRESS | 602 N.W. 62ND ST. | |
| CITY - ST - ZIP | MIAMI FL 33150 | |
| TITLE | C | <input checked="" type="checkbox"/> Delete |
| NAME | LOVELOCK, GARY | |
| STREET ADDRESS | 602 N.W. 62ND ST. | |
| CITY - ST - ZIP | MIAMI FL 33150 | |
| TITLE | TRUSTEE | <input type="checkbox"/> Delete |
| NAME | MARY I DUNBAR | |
| STREET ADDRESS | 114 DORCHESTER ST | |
| CITY - ST - ZIP | PORT SAINT LUCIE FL 34983 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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.

SIGNATURE: _____ Date _____ Daytime Phone # _____

CR2E034 (10/00)