

FILED  
Mar 31, 2003 8:00 am  
Secretary of State

03-31-2003 90156 016 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000057491

1. Entity Name  
IP ONE TELECOM CORP.



Principal Place of Business  
2600 DOUGLAS ROAD  
PH 6  
CORAL GABLES, FL 33134 US

Mailing Address  
2600 DOUGLAS ROAD  
PH 6  
CORAL GABLES, FL 33134 US

2. Principal Place of Business  
2333 Brickell Avenue

3. Mailing Address  
2630 NE 203RD ST

Suite, Apt. #, etc.

1407

Suite, Apt. #, etc.

106

City & State  
Miami FL

City & State  
Aventura Florida

Zip  
33129

Country

Zip  
33180

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
65-1015334

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ORITZ, MICHAEL  
2600 DOUGLAS ROAD- PH 6  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name Millennium Consulting Services Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
2630 NE 203RD ST #106  
City Aventura FL Zip Code 33180

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

03-28-03

FILE NOW!!! FEE IS \$160.00  
After May 1, 2003 Fee will be \$560.00  
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

TITLE VPST ☒ Delete  
NAME ORTIZ, MICHAEL  
STREET ADDRESS 2600 DOUGLAS ROAD- PH 6  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE PD ☐ Delete  
NAME BADIN, CARLOS E  
STREET ADDRESS 2600 DOUGLAS RD PH 6  
CITY-ST-ZIP MIAMI, FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2333 Brickell Ave #1407  
CITY-ST-ZIP Miami FL 33129

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-03

Date

Daytime Phone #

CRZE034 (10/02)