

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90024 002 ***150.00

DOCUMENT # P99000098058

1. Entity Name
PHONECARD INVESTMENTS, INC.

Principal Place of Business

661 S.W. 95TH TERRACE
PEMBROKE PINES FL 33025

Mailing Address

661 S.W. 95TH TERRACE
PEMBROKE PINES FL 33025

2. Principal Place of Business

16979 S.W. 54th Court

Suite, Apt. #, etc.

3. Mailing Address

16979 S.W. 54th Court

Suite, Apt. #, etc.

City & State

Miramar FL

City & State

Miramar FL

Zip

33024

Country

Broward

Zip

33027

Country

Broward

4. FEI Number

65-0960521

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEJANDRO, WILLIAM
661 S.W. 95TH TERRACE
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name

Alejandro William

Street Address (P.O. Box Number is Not Acceptable)

16979 S.W. 54th Court

City

Miramar FL

FL

Zip Code

33027

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)

DATE

4/15/2002

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ALEJANDRO, WILLIAM	
STREET ADDRESS	661 S.W. 95TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	T	<input type="checkbox"/> Delete
NAME	MYRNA, ALEJANDRO	
STREET ADDRESS	661 SW 95TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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:

WILLIAM ALEJANDRO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2002

(305) 793-4097

Date

Daytime Phone #

CR2E034 (9/01)