

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-15-2002 90083 001 ***150.00

DOCUMENT #

1. Entity Name

VOICE PRINTS INC.
3001 N.W. 46ST
MIAMI FLA 33142

V10851



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3001 N.W. 46 Street

Suite, Apt. #, etc.

3. Mailing Address

3001 N.W. 46ST

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FLA

4. FEI Number

650319244

Applied For

Not Applicable

Zip

33142

Country

DADE USA

Zip

33142

Country

USA

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CLINTON P. HITS ATT.

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

4770 BISCAYNE BLVD

City MIAMI

FL

Zip Code 33137

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
E JOHNSON
14340 N.W. 12 AVE
MIAMI FLA 33168
PRESIDENT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DARRY IVEY
14340 N.W. 12 AVE
MIAMI FLA 33168
SECRETARY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

E Johnson E. JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/02 305.634-497

Date

Daytime Phone #

CR2E034B (12/01)