

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V36524

1. Entity Name

AMERILINK NETWORK, INC.

Principal Place of Business

6961 INDIAN CREEK DRIVE
MIAMI BEACH FL 33141
US

Mailing Address

6961 INDIAN CREEK DRIVE
MIAMI BEACH FL 33131-1906
US

2. Principal Place of Business

200 S.E. FIRST STREET

Suite, Apt. #, etc.

602

City & State

MIAMI, FLORIDA

Zip

33131

Country
USA

3. Mailing Address

200 S.E. FIRST STREET

Suite, Apt. #, etc.

602

City & State

MIAMI, FLORIDA

Zip

33131

Country
USA

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90113 001 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0334420

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAVALLO, VICTOR H.
6961 INDIAN CREEK DRIVE
SUITE 330
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name: CAVALLO, VICTOR H.

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

200 S.E. FIRST STREET #602

City MIAMI

FL

Zip Code 33131

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 DPT ☐ Delete
NAME CAVALLO, XIMENA
STREET ADDRESS 2388 PRAIRIE AVE
CITY-ST-ZIP MIAMI BEACH FL

TITLE D ☐ Delete
NAME CAVALLO, VICTOR
STREET ADDRESS 2388 PRAIRIE AVE
CITY-ST-ZIP MIAMI BCH FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VICTOR H. CAVALLO 1/24/00 305-371-7300