5/2[illegible]

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State
05-28-2002 91759 024 ***150.00

DOCUMENT # V36524

1. Entity Name
AMERILINK NETWORK INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
726 ARTHUR GODFREY RD	726 ARTHUR GODFREY RD
Suite, Apt. #, etc. SECOND FLOOR	Suite, Apt. #, etc. SECOND FLOOR
City & State MIAMI BEACH, FL	City & State MIAMI BEACH FL
Zip 33140 Country US	Zip 33140 Country US

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CAVALLO, VICTOR H
Street Address (P.O. Box Number is Not Acceptable) 726 ARTHUR GODFREY RD SECOND FLOOR
City MIAMI BEACH FL Zip Code 33140

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] DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT
NAME	YIMENA CAVALLO
STREET ADDRESS	726 ARTHUR GODFREY RD. 2ND FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL. 33140
TITLE	SECRETARY-DIRECTOR
NAME	VICTOR H. CAVALLO
STREET ADDRESS	726 ARTHUR GODFREY RD, 2ND. FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #