

Boca Raton, June 22 of 2020

Dear United States Bankruptcy Court:

U.S. BANKRUPTCY COURT
2020 JUN 25 P 12:36

My names is Luis Vergez and I am writing to file an objection to the plan. I submitted all the paperwork on the 07/25/2014. Despite of this, I was not included in the payroll.

The case number is 14-40987/14-40988

14-40989

I had attached the documents of proof in the envelope

Thank you for your time and consideration

Best regards

Luis Vergez



14409872006290000000000001

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: <p style="text-align: center;">TELEXFREE, Inc.</p>	Case Number: <p style="text-align: center;">14-40987/14-40988 14-40989</p>	
<p><small>NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.</small></p>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <p style="text-align: center;">LUIS ALBERTO VERGEZ JIMENEZ.</p>		
Name and address where notices should be sent: <p style="text-align: center;">LUIS ALBERTO VERGEZ JIMENEZ. 1020 GERARD AV. APT. 3-C, BRONX, N.Y. 10452</p>		<p style="text-align: center;">COURT USE ONLY</p> <p><input type="checkbox"/> Check this box if this claim amends a previously filed claim.</p> <p>Court Claim Number: _____ (If known)</p> <p>Filed on: _____</p>
Telephone number: (917) 862-0537 email: albertovergez@hotmail.com		
Name and address where payment should be sent (if different from above): <p style="text-align: center;">LUIS ALBERTO VERGEZ JIMENEZ 1020 GERARD AV. APT. 3-C, BRONX, N.Y. 10452.</p>		<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</p>
Telephone number: (917) 862-0537 email: albertovergez@hotmail.com		
1. Amount of Claim as of Date Case Filed: \$ <u>13,072.76</u>		
<p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p><input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>		
2. Basis for Claim: services performed (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <p style="text-align: center;">2 8 7 6</p>	3a. Debtor may have scheduled account as: <p style="text-align: center;">none (See instruction #3a)</p>	3b. Uniform Claim Identifier (optional): <p style="text-align: center;">n o n e (See instruction #3b)</p>
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: <p style="text-align: right;">\$ _____</p>
Value of Property: \$ _____		Basis for perfection: _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
Amount entitled to priority: \$ _____		
<p><small>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

B10 (Official Form 10) (04/13)

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7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: LUIS ALBERTO VERGEZ JIMENEZ

Title: CREDITOR

Company:

Address and telephone number (if different from notice address above):

1020 GERARD AV. APT- 3-C, BRONX, N.Y. 1045

(Signature)

07/25/2014
(Date)

Telephone number (917) 862-0537 email: albertovergez@hotmail.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

01-08 AdCentral Family Telexfree Accounts (FBI form attached).
US\$1,425.00 each account=11,400.00

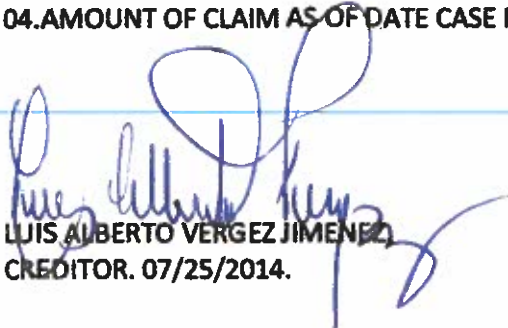
02-01 Bank Caribe (Banco Caribe) Credit Card Statement (copy attached).
US\$ 154.40 interest (03/03/2014 to 04/03/2014).
US\$ 154.40 interest (04/03/2014 to 05/03/2014).
US\$ 154.40 interest (05/03/2014 to 06/03/2014).
US\$ 154.40 interest (06/03/2014 to 07/03/2014).
US\$ 154.40 interest (07/03/2014 to 08/03/2014).
US\$ 93.28 cash advance. (03/03/2014).
US\$ 93.28 cash advance. (03/04/2014).

US\$958.56 (interest and cash advance fee, Bank Caribe Credit Card).

03.01 Loans and Saving Popular Group Credit Card Statement (copy attached).
(Asociacion Popular de Ahorros y Prestamos).
US\$ 142.84 interest (03/01/2014 to 04/01/2014).
US\$ 142.84 interest (04/01/2014 to 05/01/2014).
US\$ 142.84 interest (05/01/2014 to 06/01/2014).
US\$ 142.84 interest (06/01/2014 to 07/01/2014).
US\$ 142.84 interest (07/01/2014 to 08/01/2014).

US\$714.20 (interest Popular Group Credit Card).

04.AMOUNT OF CLAIM AS OF DATE CASE FILED: US\$ 13,072.76.



LUIS ALBERTO VERGEZ JIMENEZ
CREDITOR. 07/25/2014.



BANCO CARIBE

VISA

Tipo de Tarjeta: **GOLD INTERNACIONAL**

Fecha de Corte: **22/03/2014**

Pesos Caribe Acumulados RD\$: **0.00**

Número de Pagina: **1 de 1**

Estado de Cuentas

Número de Tarjeta	Límite de Crédito	Saldo Promedio Capital Anterior	Intereses Consumo del Mes	Balance al Corte	Fecha Límite de Pago
4249-XXXX-XXXX-6657	RD\$ 375,000 US\$ 10,000	RD\$ 0.00 US\$ 0.00	RD\$ 5,239.00 US\$ 154.40	RD\$ 132,560.00 US\$ 4,275.75	16/04/2014

Fecha de la Transacción	Fecha de Proceso	Referencia	Transacciones	Débitos	Créditos
Pesos					
27/08/2013	03/03/2014		EMISION TARJETA	700.00	0.00
27/08/2013	03/03/2014		PROTECCION POR PERDIDA	500.00	0.00
27/08/2013	03/03/2014		EMISION TARJETA	0.00	700.00
03/03/2014	03/03/2014		COMISION RETIRO DE EFECTIVO	4,030.00	0.00
03/03/2014	03/03/2014		AVANCE DE EFEC	62,000.00	0.00
04/03/2014	04/03/2014		COMISION RETIRO DE EFECTIVO	4,030.00	0.00
04/03/2014	04/03/2014		AVANCE DE EFECTIVO	62,000.00	0.00
Dólares					
02/03/2014	03/03/2014	74662554061000147194241	AW*TELEXFREEINC5082630733	1,425.25	0.00
04/03/2014	05/03/2014	74662554069000147905685	AW*TELEXFREEINC5082630733	1,425.25	0.00
07/03/2014	11/03/2014	74824874069409550794901	AW*TELEXFREEINC	1,425.25	0.00

Tasas de Interés Anual	Saldo Promedio de Capital del Mes	Pago Mínimo	Pago(s) Vencido(s)	Importe Vencido (s)
78.00 %	RD\$ 80,600.00 US\$ 2,375.41	RD\$ 12,004.44 US\$ 118.77	RD\$ 0 US\$ 0	RD\$ 0.00 US\$ 0.00

Estimado cliente: Su fecha límite de pago incluye los tres días de gracia.

Contáctanos al 809-378-0505 y 1-809-200-0505 desde el interior sin cargos o accede a www.bancocaribe.com.do

LUIS ALBERTO VERGEEZ JIMENEZ

C/ 1RA No. 3,
LOS BURGOS, LOS BURGOS, LA ALTAGRACIA
HIGUEY, HIGUEY, REGION SUR ESTE,

Ciclo: 22 GOLD INTERNACIONAL

Pagina: 1 de 1

Tasa de Mora 72.00 %
Tasa Sobregiro: 72.00 %



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Estado de Cuenta de Tarjeta de Crédito

Estado Cortado al día 22/mar/2014

Cliente LUIS ALBERTO VERGEZ JIMENEZ
Número de Cuenta 5442972032913167
Tipo de Tarjeta MASTERCARD GOLD INT
Moneda Dólares
Cargo Bonificable 0.0
Cargo por Financiamiento 0.0

Saldo anterior 0.00

Fecha Entrada	Fecha Oper.	Descripción	Referencia	Débito	Crédito
03/mar/2014	01/mar/2014	AW*telexfreeinc5082630 Northum		1,431.66	0.00
06/mar/2014	04/mar/2014	AW*telexfreeinc5082630 Northum		1,431.66	0.00
14/mar/2014	11/mar/2014	INTERNATIONAL PAYOUT C 2000 E		15.00	0.00
Totales				2,878.34	0.00

Total de Débitos 3

Total de Créditos 0

Límite de Crédito	Fecha límite de Pago	Cuotas	Importe	Pago de	Pago
		VENIMOS	VENIMOS	CANTIDAD	MINIMOS
0.00	14/abr/2014	0	0.00	2,878.34	80.00

Saldo promedio diario capital mes anterior	Intereses por mes anterior	Saldo promedio diario capital mes actual	Intereses por mes actual
0.00	0.00	2,597.06	142.84

Ahora puedes recibir tu Estado de Cuenta vía correo electrónico, solo llama a una de nuestras oficinas y empezarás a recibirlo en tu buzón de correo electrónico.

CERITOS

Balance Inicial	2350	Ganados Mes	2878
Usados Mes	0	A vencer	0

Balance Final 5228

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TelexFREE Complaint Form

Information about yourself

Name: LUIS ALBERTO VERGEZ JIMENEZ

E-mail address: ALBERTOVERGEZ@HOTMAIL.COM

Mailing address: 1020 GERARD AV. APT. 3-C

City: BRONX

State: NEW YORK

Zip code: 10452

Work phone: 19178620537

Home phone: 19177923424

Age: (In years) 44

Information about your investment

How much money did you invest? 11,400.00

When did you invest? MARCH2014

How many packages did you purchase? 08

Which types of packages?

ADCENTRAL FAMILY

What is your user name? LUISVERGEZ / ALMAVERGEZ / LUISVERGEZ

Information about TelexFREE

Did you use the VoIP program? Yes ☒ No

How many VoIP programs did you sell? NONE

Who introduced you to TelexFREE?

A FRIEND



Forms

[Home](#) - [TelexFree, Inc. Customer Questionnaire](#) - [Thank You](#)

Thank you for your input.

Full Name:

LUIS ALBERTO VERGEZ JIMENEZ

Address Line 1:

1020 GERARD AV. APT. 3-C

Address Line 2:

City:

BRONX

State

New York

Country

USA

ZIP/Postal Code:

10452

Date of Birth:

08.07.89

Best Contact Number:

19178820537

Current E-Mail Address:

ALBERTOVERGEZ@HOTMAIL.COM

Please list all e-mail addresses you may have used to register for all TelexFree accounts:

ALBERTOVERGEZ@HOTMAIL.COM

Please list each of your TelexFree accounts, along with the associated username and e-mail address (30 accounts maximum).

LUIS ALBERTO VERGEZ / LUISVERGEZ / ALBERTOVERGEZ@HOTMAIL.COM

LUIS ALBERTO VERGEZ / ALMAVERGEZ / ALBERTOVERGEZ@HOTMAIL.COM

LUIS ALBERTO VERGEZ / LUISVERGEZ1 / ALBERTOVERGEZ@HOTMAIL.COM

LUIS ALBERTO VERGEZ / LUISVERGEZ2 / ALBERTOVERGEZ@HOTMAIL.COM

LUIS ALBERTO VERGEZ / LUISVERGEZ3 / ALBERTOVERGEZ@HOTMAIL.COM

LUIS ALBERTO VERGEZ / LUISVERGEZ4 / ALBERTOVERGEZ@HOTMAIL.COM

LUIS ALBERTO VERGEZ / LUISVERGEZ6 / ALBERTOVERGEZ@HOTMAIL.COM

LUIS ALBERTO VERGEZ / LUISVERGEZ7 / ALBERTOVERGEZ@HOTMAIL.COM

What was your method of payment to TelexFree?

VISA

If you paid by debit or credit card, please provide the last four digits of that credit card:

8857

How were you compensated or paid by TelexFree?

VISA

How much money did you receive from TelexFree?

NONE

How many promoter packages or VoIP services did you purchase?

8

What level promoter were you?

AdCentral Family

How many VoIP packages did you sell?

NONE

Did you ever use TelexFree VoIP service?

No

If you are represented by an attorney in this case, please provide your attorney's name and contact information.

Is there additional information relating to TelexFree VoIP service that you would like to share?

I ALSO PAID WITH ANOTHER MASTERCARD NUMBER ENDING IN 3167.

