

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F58286

1. Entity Name

COMTEL, INC.

Principal Place of Business

C/O GEORGE DOOLEY
14901 N.E. 20TH AVENUE
MIAMI FL 33181-1121

Mailing Address

C/O GEORGE DOOLEY
14901 N.E. 20TH AVENUE
MIAMI FL 33181-1121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2142968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOOLEY, GEORGE
14901 N E 20TH AVE
MIAMI FL 33261-7002

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	BAAL, ROBERT G.	
STREET ADDRESS	8900 NORTH KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DOOLEY, GEORGE	
STREET ADDRESS	14901 NE 20TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEAVER, GEORGE W.	
STREET ADDRESS	871 E. COMMERCIAL BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAYER, ANTHONY C.	
STREET ADDRESS	340 TROPICAL WAY	
CITY-ST-ZIP	PLANTATION FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARROLL, SHIRLEY G.	
STREET ADDRESS	14901 NE 20TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SISSON, RITA J	
STREET ADDRESS	14901 NE 20TH AVENUE	
CITY-ST-ZIP	MIAMI FL	

TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD L. SCHMIDT	
STREET ADDRESS	399 NW BOCA RATON BOULEVARD	
CITY-ST-ZIP	BOCA RATON FL 33432	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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 #

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90031 041 ***150.00

AUG 3 4 0 10



DO NOT WRITE IN THIS SPACE

3-28.00