## **2001 UNIFORM BUSINESS REPORT (UBR)** May 14, 2001 8:00 am Secretary of State DOCUMENT # P0000043311 1. Entity Name CONDO-CALL, INC. 05-14-2001 90058 029 \*\*\*150.00 Principal Place of Business Mailing Address 18031 BISCAYNE BLVD., #1901 19031 BISCAYNE BLVD., #1901 AVENTURA FL 33160 AVENTURA FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAFFLE, MILTON B Street Address (P.O. Box Number is Not Acceptable) 18031 BISCAYNE BLVD., #1901 AVENTURA FL 33160 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition TITLE ☐ Delete RAFFLE, MILTON B NAME STREET ADDRESS 18031 BISCAYNE BLVD., #1901 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33160** Delete TITLE Addition TITLE RAFFLE, GLORIA A NAME NAME STREET ADDRESS 18031 BISCAYNE BLVD., #1901 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33160** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

INATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DRECTOR

Date

Date

Daytime Phone #