2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

437053

CALL SUPPLY, INC

Principal Place of Business Mailing Address 3485 N W 71ST TERRACE 3485 N W 71ST TERRACE MIAMI FL 33147 **MIAMI FL 33147**

FILED Jul 22, 2002 8:00 am Secretary of State

07-22-2002 90151 019 ***150 00

UNITOROGO



2. @rincipal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Addres	is .		
		Suite, Apt. #, etc. City & State		4. FEI Number 59-1486710 Applied For Not Applicable	
					Zip
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BENEZRA, ESTHER			Na	me	
14040 S W 83 MIAMI FL 331	BRD STREET		Str	eet Address (P.O. Box Number is Not Acceptable)	
			Cit	FL 1 zip code	
The above nam the obligations	ed entity submits this statem of registered agent.	ent for the purpose of chan-	ging its registered off	ce or registered agent, or both, in the State of Florida. I am familiar with, and accept	

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE.

FILE NOW!!! FEE IS \$550.00

10. Election Campaign Financing Trust Fund Contribution.

After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME BENEZRA, RALPH NAME 13242 VEDRA LAKE CINCLE STREET ADDRESS 14040 S.W.83RD STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME BENEZRA. ESTHER NAME STREET ADDRESS 14040 S.W.83RD STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

SIGNATURE:

From the Desk of:

Ralph Benezia

Affachments H 437053

Division of Conforations

RE: Uniform hisirins brown

Call Lighty Since never

received onigmal Document.

Please about peralty:

Thank Jon Add Aus



Maini, Fiorida 551.7

PH.: (305) 836-8881 • FAX 69I-6466