

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-06-2000 90031 041 ***150.00

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**

AUG 3 4 10



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2142968**

Applied For
 Not Applicable

Zip Country

Zip Country

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 _____ 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)

**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	

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: *George Dooley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28.00

Date Daytime Phone #

C:\P\F\04 (0400)