

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90179 042 ***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**

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

XX CHECK HERE IF MAKING CHANGES

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

George Dooley
Street Address (P.O. Box Number is Not Acceptable)
14901 N.E. 20th Avenue

City **Miami**

FL

Zip Code
33181-1121

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BAAL, ROBERT G.**
STREET ADDRESS **8900 NORTH KENDALL DRIVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☐ Change ☒ Addition
NAME **Socias, Peggy**
STREET ADDRESS **14901 N.E. 20th Avenue**
CITY-ST-ZIP **Miami, FL**

TITLE **P** ☐ Delete
NAME **DOOLEY, GEORGE**
STREET ADDRESS **14901 NE 20TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **C** ☐ Change ☒ Addition
NAME **Jordan, Robert K.**
STREET ADDRESS **10480 S.W. 122nd Street**
CITY-ST-ZIP **Miami, FL 33176**

TITLE **D** ☐ Delete
NAME **WEAVER, GEORGE W.**
STREET ADDRESS **871 E. COMMERCIAL BLVD**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **KRAYER, ANTHONY C.**
STREET ADDRESS **340 TROPICAL WAY**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **CARROLL, SHIRLEY G.**
STREET ADDRESS **14901 NE 20TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **SISSON, RITA J**
STREET ADDRESS **14901 NE 20TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

George Dooley

1/30/03

(305) 949-8321

Date

Daytime Phone #

CR2E034 (10/02)