2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90166 049 ***150.00

DOCUMENT # F95000000254

1. Entity Name

CAL COM INTERNATIONAL INC.

Principal Place of Business

Mailing Address

C0060352

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
201 Ansin Blvd.

Suite, Apt #, etc

City & State
Hallandale, Florida

33009 USA

3. Mailing Address
901 NE 125 Street

Suite, Apt #, etc
107

City & State
North Miami, Fl

33161 USA

4. FEI Number
98-0143678

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORMAN LEVINE
901 NE 125 Street - Suite 107
North Miami, Florida 33161

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. [illegible] submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

9. [illegible] ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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

TITLE	C	☐ Delete
NAME	IMM Management LTD	
STREET ADDRESS	The Beatrice Butterfield Bldg	
CITY-ST-ZIP	Leeward Hwy,Turks & Caicos Isl	
TITLE	S	☐ Delete
NAME	AinCorp, Ltd	
STREET ADDRESS	The Beatrice Butterfield Bldg.	
CITY-ST-ZIP	Leeward Hwy,Turks & Caicos Isl	
TITLE	D	☐ Delete
NAME	Norman Levine	
STREET ADDRESS	901 NE 125 Street - Suite 107	
CITY-ST-ZIP	North Miami, Florida 33161	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

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 [illegible] with an address, with all other like empowered.

SIGNATURE: X [signature] Director 4/21/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR