

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

2. Principal Place of Business
 201 Ansin Blvd.

3. Mailing Address
 901 NE 125 Street

Suite Apt # etc

Suite Apt # etc
 107

City & State
 Hallandale, Florida
 33009 USA

City & State
 North Miami, FL
 33161 USA

4. FEI Number
 98-0143678

Applied Fee
 Not Applicable

5. Certificate of Status Declared ☐ \$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. The filer hereby certifies that the information submitted is true and correct for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

9. Signature

9. The corporation is a general partner in its intangible
 Tax filing requirement and election to do so
 See criteria on back ☐

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

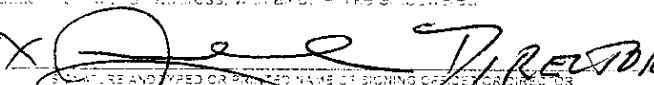
11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(p), 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, or a person in the position of the filer, 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 of this filing, and that I am attaching to this address, with all other like empowered

SIGNATURE:  DIRECTOR

4/21/01