

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001386

1. Entity Name

VOCALL COMMUNICATIONS CORP.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90254 008 ***150.00

Principal Place of Business

Mailing Address

284 SHEFFIELD ST
MOUNTAINSIDE NJ 07092

284 SHEFFIELD ST
MOUNTAINSIDE NJ 07092-2319

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

13-3577025

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 CP ☐ Delete
NAME FRANK, GARY
STREET ADDRESS 608 SUNRISE WAY
CITY-ST-ZIP NESHANIC NJ 08853

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

TITLE COO ☐ Delete
NAME FRANK, JOSEPH
STREET ADDRESS 900 LOUISA ST
CITY-ST-ZIP UNION NJ 07083

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

TITLE CFO ☒ Delete
NAME WEINGARTEN, ALLAN D
STREET ADDRESS 11 OSWEGO LANE
CITY-ST-ZIP SHORTHILLS NJ 07078

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

TITLE EVP ☒ Delete
NAME KRENTZMAN, MARK A
STREET ADDRESS 55 E 72ND ST APT 7
CITY-ST-ZIP NEW YORK NY 07083

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

TITLE D ☐ Delete
NAME FRANK, BRACHA
STREET ADDRESS 22 DOGWOOD TERR
CITY-ST-ZIP SPRINGFIELD NJ 07081

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)