

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90026 042 ***550.00

DOCUMENT # L05285

1. Entity Name

CALL-US UNIVERSAL, INC.

Principal Place of Business

10971 NW 3RD ST.
PLANTATION FL 33324
US

Mailing Address

10971 NW 3RD ST.
PLANTATION FL 33324-1539
US

2. Principal Place of Business

c/o Michael L. Trop
350 East Las Olas Blvd.

3. Mailing Address

350 E. Las Olas Blvd.,

Suite, Apt. #, etc.

Suite 1700

Suite, Apt. #, etc.

Suite 1700

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0140433

Applied For

Not Applicable

Zip

33301

Country

USA

Zip

33301

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ISRAELI, HAIM M
10971 NW 3RD ST.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name **Michael L. Trop**

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

350 East Las Olas Boulevard

Suite 1700

City

Fort Lauderdale

FL

Zip Code

33301

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

Michael L. Trop

Michael L. Trop

August 1, 2000

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

TITLE **P** ☒ Delete
NAME **ISRAELI, HAIM M.**
STREET ADDRESS **10971 NW 3RD ST.**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **VP** ☒ Delete
NAME **ISRAELI, TOVA**
STREET ADDRESS **10971 NW 3RD ST**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D/S/T** ☒ Change ☐ Addition
NAME **In bar Israeli, Dvm**
STREET ADDRESS **219-68 64 Ave Apt A**
CITY-ST-ZIP **Bayside, NY 11364**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Inbar Israeli

Date

7/18/00

Daytime Phone #

(954) 472-9837

CR2E034 (9/99)