

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90093 047 \*\*\*150.00

**DOCUMENT # P00000049723**

1. Entity Name  
**ARTEL COMMUNICATIONS, INC.**

Principal Place of Business  
**10131-16 SAN JOSE BLVD**  
**JACKSONVILLE FL 32257**

Mailing Address  
**10131-16 SAN JOSE BLVD**  
**JACKSONVILLE FL 32257**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3646597**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**RAFAT, AZAD H**  
**7701 TIMBERLIN PARC BLVD.**  
**SUITE 1326**  
**JACKSONVILLE FL 32256**

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. 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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **D** ☐ Delete  
 NAME **RAFAT, AZAD H**  
 STREET ADDRESS **7701 TIMBERLIN PARC BLVD. SUITE 1326**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **P** ☒ Change ☐ Addition  
 NAME **RAFA, Azad H.**  
 STREET ADDRESS **7701 Timberlin park Blvd, Suite 1326**  
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **VPO** ☐ Delete  
 NAME **RAFAT, MAHMOND H**  
 STREET ADDRESS **5395 DARBY WAY**  
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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: **S. Azad H. Rafat**

**9/8/02**

**(904) 880-8557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
980304

P00000049723 September 10, 2002

Artel Communications, Inc.  
10131-16 San Jose Blvd  
Jacksonville, FL 32257

Division Of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Ladies and Gentlemen:

I would like to inform you that I did not receive a prior notification for filing the annual report with the Division of Corporations. Please accept this application and the check in the amount of \$ 150.00 to cover the filing fee.

I appreciate your consideration to waive the late fee of \$ 400.00.

Sincerely,



Azad h. Rafat  
President  
Artel Communications, Inc.