

7/10/

**FILED**  
**Jul 25, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90197 005 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000100402

1. Entity Name

WORLD ACCESS TELEPHONY, CORP.

MANDATEL Corp

Principal Place of Business

2022 SW 159 TERRACE  
MIRAMAR FL 33027

Mailing Address

2022 SW 159 TERRACE  
MIRAMAR FL 33027

39634



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 02-0629896

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

CANAL, RICARDO J  
2022 SW 159 TERRACE  
MIRAMAR FL 33027

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CANAL, RICARDO J<br>2022 SW 159 TERRACE<br>MIRAMAR FL 33027 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>CANAL, GLORIA C<br>2022 SW 159 TERRACE<br>MIRAMAR FL 33027  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>PELLERANO, GLORIA M<br>3510 SW 9 TERRACE<br>MIAMI FL 33135 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Delete |

|                                                |  |                                                                   |
|------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 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

7/3/02

Date

954-602-5617

Daytime Phone #

CR2E034 (4/02)

Attachment

39634

~~#P01000100402~~

As requested, listed is  
my returned application  
listing my FEI number.

Attachment  
# 201000100402  
[REDACTED]

39634

July 3, 2002

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

I have just received the request for payment on the Uniform Business Report Filings. I had several concerns and called into the UBR office to discuss these concerns with one of your personal.

My first concern is the request of payment in the amount of \$ 550.00. I do not know anyone that has had to pay this amount so I contacted the UBR office. This is the first notice I receive for request of payment. My check is enclosed in the amount of \$ 150.00 as per the UBR office person I spoke with. Details of this amount are listed below.

My corporation was opened in October 2001, but has had no activity. Unfortunately, the corporation was opened last year in anticipation of business that did not come in. As of early July, we still do not have our tax ID number, because there still is no activity. Until recently (within the month of July) is when the business is being utilized to its capacity to bring in some business. I discussed this with someone from the UBR office and was told that because of this, I am only required to pay \$ 150.00.

I appreciate the efforts of your office in resolving my concern.

Sincerely,



Ricardo J. Canal