

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90094 021 \*\*\*150.00

**DOCUMENT # P95000045488**

1. Entity Name  
**PRO-COM TEL, INC.**

Principal Place of Business 378 WHOOPING LOOP 1272 ALTAMONTE SPGS FL 32701 US	Mailing Address 378 WHOOPING LOOP 1272 ALTAMONTE SPGS FL 32701-3425 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>378 CENTERPOINTE CIRCLE</i> Suite, Apt. #, etc. <i># 1272</i> City & State <i>ALTAMONTE SPRINGS, FL</i>	3. Mailing Address <i>378 CENTERPOINTE CIRCLE</i> Suite, Apt. #, etc. <i># 1272</i> City & State <i>ALTAMONTE SPRINGS, FL</i>
Zip <i>32701</i> Country <i>US</i>	Zip <i>32701</i> Country <i>US</i>

4. FEI Number **59-3315486** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**KHAN, AIZAN DEEN**  
**378 WHOOPING LOOP 1272**  
**ALTAMONTE SPGS FL 32701**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KHAN, AIZAN DEEN</b> <b>378 WHOOPING LOOP 1272</b> <b>ALTAMONTE SPGS FL 32701</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KLECKNER, GREG</b> <b>378 WHOOPING LOOP 1272</b> <b>ALTAMONTE SPGS FL 32701</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>INSAF, KHAN D</b> <b>378 WHOOPING LOOP 1272</b> <b>ALTAMONTE SPGS FL 32701</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

9. 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: *Insaaf D Khan* **SIGNATURE REQUIRED** **INSAF D KHAN** **4-28-2000** **407 830466**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)