

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90432 004 ***158.75

DOCUMENT # PT1000046932 ✓
 1. Entity Name CALLWED, INC.

Principal Place of Business 1811 Lyous Rd. Suite 202 Coconut Creek, FL 33063
 Mailing Address 1811 Lyous Rd. Suite 202 Coconut Creek, FL 33063

2. Principal Place of Business 6825 Bridlewood Ct.
 Suite, Apt. #, etc.
 3. Mailing Address 6825 Bridlewood Ct.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Boca Raton, FL
 Zip 33433 Country USA
 City & State Boca Raton, FL
 Zip 33433 Country USA

4. FEI Number Applied for Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Alberto ReKis
6825 Bridlewood Court
Boca Raton, FL 33433

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 <u>PD</u>	<input type="checkbox"/> Delete
NAME <u>REKIS, ALBERTO</u>	
STREET ADDRESS <u>6825 Bridlewood Ct.</u>	
CITY-ST-ZIP <u>Boca Raton, FL 33433</u>	
TITLE <u>VP, D.</u>	<input type="checkbox"/> Delete
NAME <u>GALANDER, CARLOS</u>	
STREET ADDRESS <u>6825 Bridlewood Ct.</u>	
CITY-ST-ZIP <u>Boca Raton, FL 33433</u>	
TITLE <u>T.S.D.</u>	<input type="checkbox"/> Delete
NAME <u>ANTON, Nancy</u>	
STREET ADDRESS <u>6825 Bridlewood Ct.</u>	
CITY-ST-ZIP <u>Boca Raton, FL 33433</u>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/28/00 (954) 295-6236
 Day/Phone #

CR2E034 (9/99)