

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90050 001 ***150.00

DOCUMENT # P98000006262

1. Entity Name
QUARTER CALL COMMUNICATIONS, INC

Principal Place of Business Mailing Address
7725 NOREMAC AVE **P.O. BOX 41-6614**
MIAMI BEACH FL 33141 **MIAMI BEACH FL 33141-8614**

2. Principal Place of Business 3. Mailing Address
7557 MUTINY AVE.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NORTH BAY VILLAGE, FL
 Zip Country
33141 **USA**

4. FEI Number Applied For
65-0805743 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

EGOZI, ROBERT D
7725 NOREMAC AVE
MIAMI BEACH FL 33141

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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD EGOZI, ROBERT D 7725 NOREMAC AVE MIAMI BEACH FL 33141 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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]* **ROBERT EGOZI** Date: **5.1.00** Daytime Phone #: **(305) 796-5887**



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)