

# 2001 UNIFORM BUSINESS REPORT (UBR)

0632704

**DOCUMENT #** P98000097503 #150

**1. Entity Name**

VIDEOCALL MIAMI, INC.

<b>Principal Place of Business</b> 3550 Biscayne Blvd. Suite 706 Miami, FL 33137	<b>Mailing Address</b> 3550 Biscayne Blvd. Suite 706 Miami, FL 33137
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<b>2. Principal Place of Business</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>

<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
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**6. Name and Address of Current Registered Agent**

AZ REGISTERED AGENT CORPORATION  
2601 SOUTH BAYSHORE DRIVE, #1600  
MIAMI, FL 33133

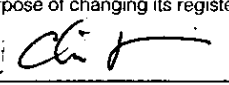
**4. FEI Number**  
65-1021082

**Applied For**  
☐ Not Applicable

**7. Name and Address of New Registered Agent**

Name: CLINTON SNYDER  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Talk Visual Comm  
3550 BISCAYNE BLVD. #706  
City: MIAMI FL Zip Code: 33137

**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.**

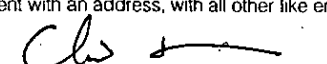
**SIGNATURE**  CLINTON H. SNYDER **3/6/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **FILE NOW!!! FEES \$150.00**  
(See criteria on back) (NOTE: MAY 1, 2001 Fee will be \$50.00) Make Check Payable to Department of State

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Zwebner, Michael 2601 S. Bayshore Dr., #1600 Miami, FL 33133 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Secretary, Treasurer CLINTON SNYDER 3550 BISCAYNE BLVD. #706 MIAMI FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR EUGENE ROSS 3550 BISCAYNE BLVD #706 MIAMI FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  CLINTON SNYDER **3/23/01 (305) 572-0575**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

FILED  
01 APR -5 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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\*\*\*\*917.50 \*\*\*\*150.00

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