

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015267

1. Entity Name

CALLMATE TELECOM INC.

Principal Place of Business

725 SE PORT ST. LUCIE BLVD., SUITE 103
PORT ST. LUCIE FL 34984

Mailing Address

725 SE PORT ST. LUCIE BLVD., SUITE 103
PORT ST. LUCIE FL 34984

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

65-1019832

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

MCINTYRE, CAROLE

725 SE PORT ST. LUCIE BLVD., SUITE 103
PORT ST. LUCIE FL 34984

Name

JULIAN W. MANDOOY

Street Address (P.O. Box Number is Not Acceptable)

725 SE PORT ST. LUCIE BLVD

SUITE # 103

City

PORT ST LUCIE

FL

Zip Code

34984

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

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, 2000 Min. 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
MAHMOUD HOSHI
40 725 SE PORT ST. LUCIE BLVD #103
FLORIDA, 34984

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
SECY/TREASURER
JULIAN W. MANDOOY
10680 SOUTH OCEAN DRIVE
JENSEN BEACH, FLORIDA 334957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/00 561-285-4750

Date

Daytime Phone #

FILED
Aug 28, 2000 8:00 am
Secretary of State

04-23-2000 90056 029 ***150.00

08-28-2000 90061 043 ***400.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)



D0082157

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

April 29, 2000

CALLMATE TELECOM INC.
725 SE PORT ST. LUCIE BLVD., SUITE 103
PORT ST. LUCIE, FL 34984

Subject: CALLMATE TELECOM INC.

Reference Number: P99000015267

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/AC

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

PAY TO THE ORDER OF		DATE	994
Dept. of State - Division of Corp.		Aug 26/00	63-8419 2670
Four hundred		\$ 400.00	
			DOLLARS
FOR 65-1019832		Harbor Federal ST. LUCIE COUNTY DIVISION	
000994		267084199:2600001517321	

CALLMATE TELECOM INC.

Attachment
D0082157

Principal Place of Business 725 SE PORT ST. LUCIE BLVD., SUITE 103 PORT ST. LUCIE FL 34984	Mailing Address 725 SE PORT ST. LUCIE BLVD., SUITE 103 PORT ST. LUCIE FL 34984-5232
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 6	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCINTYRE, CAROLE
725 SE PORT ST. LUCIE BLVD., SUITE 103
PORT ST. LUCIE FL 34984

7. Name and Address of New Registered Agent
Name: Julian W. MANDORY
Street Address (P.O. Box Number is Not Acceptable): 725 SE PORT ST. LUCIE BLVD. STE 103
City: Port St. Lucie, FL Zip Code: 34984

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: Julian W. MANDORY JULIAN W. MANDORY
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registration is void)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) <input type="checkbox"/>	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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SIGNATURE: Julian W. MANDORY JULIAN W. MANDORY 561-285-4750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

991
63-8419
2670
DATE: April 17, 00
PAY TO THE ORDER OF: Department of State \$150.00
One hundred and fifty DOLLARS
Harbor Federal ST. LUCIE COUNTY DIVISION
FOR: Julian W. MANDORY
0000991 2670841991 2600001517321