

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90050 035 ***150.00

DOCUMENT # P99000015267

1. Entity Name

CALLMATE TELECOM INC.

Principal Place of Business

201

Mailing Address

201

**725 SE PORT ST. LUCIE BLVD., SUITE ~~400~~
PORT ST. LUCIE FL 34984**

**725 SE PORT ST. LUCIE BLVD., SUITE ~~400~~
PORT ST. LUCIE FL 34984**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

City & State

4. FEI Number

65-1019832

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MANDODY, JULIAN W
725 SE PORT ST LUCIE BLVD
SUITE 103
PORT SAINT LUCIE FL 34984**

Name

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

SUITE 201

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

Julian W. Mandody **Julian W. Mandody**

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 \$150.00
After MAY 1, 2001 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 **P HOSHMI, MAHOUD (SP)** ☐ Delete
STREET ADDRESS **725 SE PORT ST LUCIE BLVD #~~400~~ 201**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34984**

TITLE NAME **MAHMOUD HASHMI** ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **ST MANDODY, JULIAN W** ☐ Delete
STREET ADDRESS **10680 SOUTH OCEAN DRIVE**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
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:

Julian W. Mandody **Julian W. Mandody** **2/4/01** **561.285.4750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0663767