

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P99000025171****1. Entity Name**  
VOCALMAIL, CORP.**Principal Place of Business**

2534 N.E. 206 TERRACE

MIAMI  
33180

FL

**Mailing Address**

2534 N.E. 206 TERRACE

MIAMI  
33180

FL

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-0905098**

Applied For

Not Applicable

**5. Certificate of Status Desired**☒**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**WAINER CHARLES  
2534 N.E. 206 TERRACEMIAMI  
33180

FL

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

Name

WAINER RINA M

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

2534 N.E. 206 TERRACE

City  
MIAMI

FL

Zip Code  
33180**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 **RINA MOTOLA WAINER****04/23/2000**

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, 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 PD ☐ Delete  
NAME WAINER CHARLES  
STREET ADDRESS 2534 N.E. 206 TERRACE  
CITY-ST-ZIP MIAMI FL 33180TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PD ☒ Change ☐ Addition  
NAME WAINER RINA M  
STREET ADDRESS 2534 N.E. 206 TERRACE  
CITY-ST-ZIP AVENTURA FL 33180TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: Rina Motola Wainer

PPES 04/23/2000