

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90100 029 \*\*\*150.00

DOCUMENT # P99000037002

1. Entity Name  
TELEGATE, INC.



40073344

Principal Place of Business  
100 S BISCAYNE BLVD.  
SUITE ~~1100~~  
MIAMI, FL 33131

Mailing Address  
100 S BISCAYNE BLVD.  
SUITE ~~1100~~  
MIAMI, FL 33131



2. Principal Place of Business - No P.O. Box #  
100 S Biscayne Blvd  
Suite, Apt. #, etc.  
Ste 900

3. Mailing Address  
100 S Biscayne Blvd  
Suite, Apt. #, etc.  
Ste 900

04092008 Chg-P CR2E034 (12/06)

City & State  
Miami FL  
Zip  
33131  
Country  
USA

City & State  
Miami FL  
Zip  
33131  
Country  
USA

4. FEI Number  
65-0924911  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HOLLO, JEROME  
100 S. BISCAYNE BLVD  
SUITE ~~1100~~ 900  
MIAMI, FL 33131

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Ste 900  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HOLLO, TIBOR	100 S. BISCAYNE BLVD., 900	MIAMI, FL 33131	<input type="checkbox"/>
D	HOLLO, WAYNE	100 S. BISCAYNE BLVD., 900	MIAMI, FL 33131	<input type="checkbox"/>
D	HOLLO, JEROME S	100 S. BISCAYNE BLVD., 900	MIAMI, FL 33131	<input type="checkbox"/>
T	KATZ, LEONARD	100 S. BISCAYNE BLVD., 900	MIAMI, FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_