

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90060 013 \*\*\*150.00

**DOCUMENT # P99000100373**

1. Entity Name

**GLOBAL TELECALL CENTER, INC.**

Principal Place of Business

Mailing Address

**8201 NW 70TH STREET  
TAMARAC FL 33321**

**8201 NW 70TH STREET  
TAMARAC FL 33321**

2. Principal Place of Business

**301 CLEMATIS STREET**

3. Mailing Address

**8905 RAMBLEWOOD DR**

Suite, Apt. #, etc.

**3000**

Suite, Apt. #, etc.

**2312**

City & State

**WEST PALM BEACH**

City & State

**CORAL SPRINGS**

Zip

**33401**

Country

**FL**

Zip

**FL**

Country

**33071**

4. FEI Number **65-0963919**

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

**BRAME, JEAN LUC  
8201 NW 70TH STREET  
TAMARAC FL 33321**

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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 STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRAME, JEAN LUC</b> <b>8201 NW 70TH STREET</b> <b>TAMARAC FL 33321</b>	<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	<b>D</b> <b>GINET, MARYLINE</b> <b>8201 NW 70TH STREET</b> <b>TAMARAC FL 33321</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

**04/23/01**

Date

**954 255 7646**

Daytime Phone #

CR2E034 (10/00)