

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101538

1. Entity Name
PHONE-COMM. INTERNATIONAL INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91294 014 ***150.00

Principal Place of Business

1458 MAIN STREET
CHIPLEY FL 32428

Mailing Address

1458 MAIN STREET
CHIPLEY FL 32428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1003 EDGWOOD AVE. N.

3. Mailing Address

1003 EDGWOOD AVE. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL 3

4. FEI Number

59-3634776

Applied For

Not Applicable

Zip

32254

Country

USA

Zip

32254

Country

USA

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

BINMAHFOOZ, MOHAMMED ALI
7901 BAYMEADOWS CIR. EAST, STE. 575
JACKSONVILLE FL 32256

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 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 ☐ Delete
NAME P
STREET ADDRESS BINMAHFOOZ, MOHAMMED
CITY-ST-ZIP 1458 MAIN STREET
CHIPLEY FL 32428

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS BINMAHFOOZ, MOHAMMED
CITY-ST-ZIP 1003 EDGWOOD AVE. N.
JACKSONVILLE FL 32254

TITLE ☐ Delete
NAME ST
STREET ADDRESS BINMAHFOOZ, MOHAMMED ALI
CITY-ST-ZIP 7901 BAYMEADOWS CIR. EAST, STE. 575
JACKSONVILLE FL 32256

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Mohammed Ali Binmahfooz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)