

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90004 026 ***150.00

0412034 AV

DOCUMENT # P0000008415

1. Entity Name
FAIRCALL CORPORATION

Principal Place of Business
**40 NE 7TH AVE., THIRD FLOOR
 DELRAY BEACH FL 33483**

Mailing Address
**40 NE 7TH AVE., THIRD FLOOR
 DELRAY BEACH FL 33483**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
101 SE 6th Ave, Suite D

3. Mailing Address
101 SE 6th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite D

Suite D

City & State

City & State

Delray Beach FL

Delray Beach, FL

4. FEI Number **52-1873855**

Applied For

Not Applicable

Zip

Country

Zip

Country

33483 USA

USA

33483

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

**ELLERSTEIN, DAVID
 40 NE 7TH AVE., THIRD FLOOR
 DELRAY BEACH FL 33483**

Name **David Ellerstein**
 Street Address (P.O. Box Number is Not Acceptable)
101 SE 6th Ave Suite D

City **Delray Beach** FL Zip Code **33483**

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 **President**

4/18/02

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, 2002 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 **PD** Delete
 NAME **ELLERSTEIN, DAVID**
 STREET ADDRESS **40 NE 7TH AVE., THIRD FLOOR**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **PD** Change Addition
 NAME **Ellerstein, David** (address correction)
 STREET ADDRESS **101 SE 6th Ave**

TITLE **DV** Delete
 NAME **TURNER, ANTHONY S**
 STREET ADDRESS **40 NE 7TH AVE., THIRD FLOOR**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **DV** Change Addition
 NAME **Turner, Anthony S.** (address correction)
 STREET ADDRESS **101 SE 6th Ave, Suite D**
 CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE **SD** Delete
 NAME **MILES, FREDERICK B**
 STREET ADDRESS **3135 TURNER MOUNTAIN WOOD RD**
 CITY-ST-ZIP **CHARLOTTESVILLE VA 22903**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Assistant Secretary**
maureen Ruthman
 STREET ADDRESS **101 SE 6th Ave, Suite D**
 CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 another like empowered.

SIGNATURE: **SIGNATURE MAUREEN**

4/18/02
 Date

561-860-9012
 Daytime Phone #

CR2E034 (9/01)