


2001 UNIFORM BUSINESS REPORT (UBR)

UBR 0391 R

DOCUMENT # L99000004305
1. Entity Name
 NETCELL, L.L.C.

FILED
 01 JAN 19 PM 3:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


Principal Place of Business 4805 N.W. 79 AVE. #16 MIAMI FL 33166
Mailing Address 4805 N.W. 79 AVE. #16 MIAMI FL 33166

2. Principal Place of Business 4805 NW 79 Av. Suite, Apt. #, etc. 16 City & State Miami, FL Zip 33166 Country USA
3. Mailing Address 4805 NW 79 Av. Suite, Apt. #, etc. 16 City & State Miami, FL Zip 33166 Country USA

DO NOT WRITE IN THIS SPACE
4. FEI Number 65-0933635 Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 ARISTEIGUIETA, LUIS
 4805 N.W. 79 AVE. #16
 MIAMI FL 33166

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ARISTEIGUIETA, LUIS	
STREET ADDRESS	4805 N.W. 79 AVE. #16	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VIZCARRAONDO, ALFREDO E	
STREET ADDRESS	200 SE 15 ROAD #4-A	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** 1/16/01 305 4689920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)