2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2003 8:00 am Secretary of State

1. Entity Nam	MENT # P02000 LULAR PHONE SERVICES IN C CELLULAR #2	114674 N E. H. J Tuc	103			04-18-2003 901	76 016 ***	150.00	
Principal Place of Business 1382 PARTERRE DRIVE WEST PALM BEACH FL 33417 Mailing Address 1382 PARTERRE DRIVE WEST PALM BEACH FL 33417 WEST PALM BEACH F			3417						
2. Principal Place of Business 1 + 45 = 65 + 4 = 65 + 4 = 65 + 65 + 65 + 65 + 65 + 65 + 65 + 65				Kra	CHECK HERE IF MAKING CHANGES				
City & State Sir alea A Sity & State Tip Country 1 7in					4. FEI Number 56 230 1969 Applied For Noi Applicable 5. Cartificate of State Parison State Stat				
3301	6. Name and Address of Current Re	330/U	Hay May	en Wad	5. Certificate of State 7. Name and Addres	us Desired Bas of New Registered	Fee Require		
				Name					١
PEREZ, MINERVA 1382 PARTERRE DRIVE WEST PALM BEACH FL 33417				Street Address (F	Address (P.O. Box Number is Not Acceptable)				
				City		F	Zip Cod	9	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				ent signature raquired	9. Election C. Trust Fund		Added	O May Be to Fees	
10.	OFFICERS AND DIF		11.		ADDITIONS/CHANG	SES TO OFFICERS AN	D DIRECTORS	S IN 11	٦
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PEREZ, MINERVA 5451 WEST 4TH COURT HIALEAH FL 33012			DORESS ZIP	Change Additio				CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREE		TITLE NAME STREET AL CITY-ST-		,		Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAN		NAME STREET AL	DORESS		· • · • ·	☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ACCITY-ST-			1,	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AD CITY-ST-2		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
TITLE NAME STREET ADDRESS CITY-51-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2	l l		,	Change	Addition	
12. I berehvic	ertify that the information supplied with this	filing does not qualify for t			tion 119 07/3Vi) Florid	a Statutes 1 further ce	tify that the in	formation	

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; in 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIP

1561-721-342