

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042319

Entity Name

ITCELL, INC.

FILED  
May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90141 023 \*\*\*150.00

Principal Place of Business	Mailing Address
113 S.E. 1ST AVENUE MIAMI FL 33131	782 NW LE JEUNE ROAD SUITE 434 MIAMI FL 33126-5549

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		65-0835119		Applied For
				Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOPEZ, ANTONIO R CPA 782 NW LE JEUNE RD SUITE 434 MIAMI FL 33126	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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>LETTI, RICKY</del> 400 LESLIE DR #616 HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alletti, Ricky
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <del>FRIEDMAN, MYRIAM</del> 1250 WEST AVE. #15 F MIAMI FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Friedman, Myriam
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 affidavit, with all other like empowered.

SIGNATURE: Alletti, Ricky 4/20/00 (805) 448-3323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)