

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000013

1. Entity Name
BELL ATLANTIC CELLULAR HOLDINGS, L.P.



Principal Place of Business
1095 AVENUE OF THE AMERICAS
NEW YORK NY 10036

Mailing Address
1095 AVENUE OF THE AMERICAS
NEW YORK NY 10036

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

1717 Arch Street

Suite, Apt. #, etc.

15th Floor

City & State

Philadelphia, PA

Zip

19103

Country

US

DUE BY MAY 1, 2003

4. FEI Number 22-3399184

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$27,190,047.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F00000000444
NAME METRO MOBILE CTS OF CHARLOTTE, INC.
STREET ADDRESS 1095 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10036

STREET ADDRESS

CITY-ST-ZIP

100013344151

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CITY-ST-ZIP

M THOMAS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
PAUL N. KELLY
VICE PRESIDENT-TAXES

Date

Daytime Phone #

2/14/03 215-963-6343

CR2E003 (10/02)