

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015685

1. Entity Name  
DOMITCELL, L.L.C.

FILED

01 AUG 27 PM 12:17

Principal Place of Business  
3785 N.W. 82ND AVENUE  
MIAMI FL 33166

Mailing Address  
3785 N.W. 82ND AVENUE  
MIAMI FL 33166

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
8880 NW 20TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
"M"

City & State

City & State  
Miami FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

33172

DAOB

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOHATCH, JOHN S  
2600 DOUGLAS ROAD, PH 8  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name MARITZA COCCARELLO  
Street Address (P.O. Box Number is Not Acceptable)  
8880 NW 20TH ST STE "M"  
City Miami FL Zip Code 33172

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 MARITZA COCCARELLO MARITZA COCCARELLO DATE 8-23-01  
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  
Due By September 26, 2001

700004562607--7  
-08/29/01--01090--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME COCCARELLO, JUAN CARLOS  
STREET ADDRESS 3785 N.W. 82ND AVENUE  
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: MARITZA COCCARELLO MARITZA COCCARELLO DATE 8-23-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (5/01)

STAPLE CHECK HERE