

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016274

1. Entity Name

G.S.M. CELL, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 27 AM 12:08

Principal Place of Business

21401 SW 256 STREET
MIAMI FL 33030

Mailing Address

21401 SW 256 STREET
MIAMI FL 33030

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROCHE, ANTONIO J
10277 NW 52 LANE
MIAMI FL 33178

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

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-10/01/01--01073--020

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ROCHE, ANTONIO J.
10277 NW 52 LANE
MIAMI FL 33178

☐ Change ☐ Addition

TITLE
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☐ 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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9-24-01 305-245-4733

0010539

CR2E083 (5/01)

STAPLE CHECK HERE