2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800003322 1. Entity Name CELLSPOT, L.L.C.					FILED 00 NAR 13 PM 2:50			
Principal Place of Business Mailing Address								
3100 N.W. 72ND AVE SUITE 102 MIAMI FL 33122		3100 N.W. 72ND AVE SUITE 102 MIAMI FL 33122-1336			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
					ĺ		 	11111 1111 1111
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt, #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEIN	65-0890500	<u> </u>	pplied For ot Applicable	
Zip	Country Zip Co		Coun	try	5. Certificate of Status Desired			
	6. Name and Address of Current	Registered Agent	1		7. Name	and Address of New Re		-
KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2ND STREET, 28TH FLOOR MIAMI FL 33131				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
				,				
			City				FL Zíp Coo	de e
8. The above named entity submits this statement for the purpose of changing its registers				ed office or registe				
o. The above	Harried entity submits this statement to	The purpose of changing its	s registere	sa annoe or registe	ied agent,	Si Dotti, ili tilo otgle or ilon	ida.	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered	d Agent signature require	d when reinstati	ng)	DATE	
		FILE N Make Check Pa		FEE IS \$50,00 Department of	of State			
9.	MANAGING MEMBI		10.			ADDITIONS/0		· Dateman
TITLE RAME STREET ADDRESS CITY-ST-ZIP	MGR Sosa, Luis E 3100 N.W. 72ND AVE., SUITE 10 MIAMI FL 33122	C Deletu		-		300003 -03/24	0 00000 1 82 76 3 1 801-01050	
TITLE WAME STREET ADDRESS CITY-ST-ZIP	MGR SOSA ARIZA, JOSE R 3100 N.W. 72ND AVE., SUITE 10 MIAMI FL 33122	Delete			·	*****	50.00 古統都	Se Addition
TITLE MAME STREET ADDRESS CITY- ST- 21P		Déleta					☐ Change	☐ Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Cedeto					Change	Addition
TITLE HAME STREET ADDRESS		☐ Delata	TITLI MAM STRE	E E ET ADDRESS	<u> </u>		☐ Change	Addition
CITY- 8T- ZIP			TITLE	- ST- ZIP			Citange	Addition
NAME STREET ADDRESS CITY-ST-ZIP	<i>:</i>			E ET ADDRESS • ST-ZIP			de	
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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNAT	URE:SIGNATI	URD REQU VTED NAME OF SIGNING MANAGING	4 .			Date	Daytime Phone #	