

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0002882 AF

DOCUMENT # L99000002272

1. Entity Name
CELLULAR RETAILERS, LLC

00 APR 30 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7500 NORTHWEST 25TH STREET, SUITE 108
MIAMI FL 33122

Mailing Address
7500 NORTHWEST 25TH STREET, SUITE 108
MIAMI FL 33122-1711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1919 N. PINE ISLAND Rd.
Suite, Apt. #, etc.

3. Mailing Address
1919 N PINE ISLAND Rd.
Suite, Apt. #, etc.

City & State
PLANTATION FL.

City & State
PLANTATION FL.

Zip
33322

Country

Zip
33322

Country

4. FEI Number
65-0912351

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
GILBERTO SANTOS

Street Address (P.O. Box Number is Not Acceptable)
1919 N. PINE ISLAND Rd

City
PLANTATION FL

Zip Code
33322

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 DATE 04-25-00

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SANTOS, GILBERTO P 7500 NORTHWEST 25TH STREET, SUITE 108 MIAMI FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GARCIA, GUSTAVO 7500 NORTHWEST 25TH STREET, SUITE 108 MIAMI FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BARONE, ALEXANDRA 7500 NORTHWEST 25TH STREET, SUITE 108 MIAMI FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1919 N. PINE ISLAND Rd PLANTATION FL 33322
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1919 N. PINE ISLAND Rd PLANTATION FL 33322
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1919 N. PINE ISLAND Rd PLANTATION FL 33322
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900003256069-1 -05/18/00--01001--004 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)