

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002272

1. Entity Name  
CELLULAR RETAILERS, LLC

Principal Place of Business  
1919 NORTH PINE ISLAND ROAD  
PLANTATION FL 33322

Mailing Address  
1919 NORTH PINE ISLAND ROAD  
PLANTATION FL 33322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

SANTOS, GILBERT  
1919 N. PINE ISLAND ROAD  
PLANTATION FL 33322

Name SANTOS GILBERTO

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR SANTOS, GILBERTO P ☐ Delete  
STREET ADDRESS 1919 N. PINE ISLAND ROAD  
CITY-ST-ZIP PLANTATION FL 33322

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 2000041941426  
CITY-ST-ZIP -05/11/01--01004--008  
\*\*\*\*350.00 \*\*\*\*\*50.00

TITLE NAME MGR GARCIA, GUSTAVO ☐ Delete  
STREET ADDRESS 1919 N. PINE ISLAND ROAD  
CITY-ST-ZIP PLANTATION FL 33322

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

TITLE NAME MGR BARONE, ALEXANDRA ☐ Delete  
STREET ADDRESS 1919 N. PINE ISLAND ROAD  
CITY-ST-ZIP PLANTATION FL 33322

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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 RRGILBERTO SANTOS

04/20/01

(954) 915 8111

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

Date

Daytime Phone #

FILED

01 MAY 11 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE