2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900002272 1. Entity Name CELLULAR RETAILERS, LLC					FILED OI MAY II AM 9: 29 SECRETARY OF STATE				
Principal Plac 1919 NORTH PLANTATION	PINE ISLAND ROAD	Mailing Address 1919 NORTH PINE ISLAND ROAD PLANTATION FL 33322				SECRETARY OF TALLAHASSEE.	'		
2. Principal P	lace of Business	3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 65-0912351 Applied For Not Applied be				
Zip	Country	Zip	Coun	itry	5. Certi	ficate of Status Desired	□ \$	5.00 Add	ditional
•	6. Name and Address of Current	Registered Agent	<u> </u>		7. Nam	e and Address of New Reg	istered Ag	ent	
				Name CA	NTOS	GILBERTO	1		
SANTOS, GILBERT							<u> </u>		
1919 N. PINE ISLAND ROAD .				Street Address	(P.O. Box N	lumber is Not Acceptable)	1		
	ION FL 33322			· · · ·			+		
PLANTATION FE 35522				City			· FI	Zip Cod	
	//	•		City			FL	Zip Cou	
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 \(\lambda \) \(\lambda \) \(\lambda \)									
Signature, typed or printed damelof registered agent and title if applicable. (NOTE: Registered Agent signature required					ed when reinstat	ing)	DATE		
PR P MONIN PPP 10 APA AA							1		
FILE NOW!!! FEE IS \$50.00								-	
	//	Make Check Pa	yable t	o Department	of State				
						<u> </u>	· ·		
9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS/C			
TITLE	MGR	☐ Delete	TITL	E		2000041	i 🗆 4 [Changes	Add iti en
NAME	SANTOS, GILBERTO P		NAM	- 1		-05/11	inin	1004	-008
STREET ADDRESS	1919 N. PINE ISLAND ROAD PLANTATION FL 33322	•		EET ADDRESS		\$***\$35	ກັກດັ	米米米米米	50.00
CITY-ST-ZIP			CHY	-ST-ZIP		444440	,0.00		
TITLE	MGR	Delete	TITL	E			[Change	Addition
NAME	GARCIA, GUSTAVO	/	NAM	1					
STREET ADDRESS	1919 N. PINE ISLAND ROAD			ET ADDRESS					
CITY-ST-ZiP	PLANTATION FL 33322	· _	-1-	-ST-ZIP		~	<u> </u>		
TITLE	MGR	L_I Delete	TITL				Į	Change	Addition Addition
NAME	Barone, Alexandra 1919 n. Pine Island Road	,	NAM	-					
STREET ADDRESS CITY-ST-ZIP	PLANTATION FL 33322			ET ADDRESS - ST-Zip			1		
	FLANIAHON I E 30322							7 64	- Addition
TITLE NAME		☐ Delete	TITL	l				☐ Change	Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP			•		
TITLE		☐ Defete	TITL	<u> </u>			' ,	☐ Change	Addition
NAME		□ Deicie	NAM						
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITU	<u> </u>			Г	Change	Addition
NAME			NAM	E					
STREET ADDRESS	į		STRE	ET ADDRESS	,				
CITY-ST-ZIP	!		CITY	-ST-ZIP					
11. I hereby c	ertify that the information supplied with	this filing does not qualify fo	r the exe	mption stated in S	Section 119.	07(3)(i), Florida Statutes. I fu	urther certify	y that the ir	nformation
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 requirer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNAT	URE: VSVINA!	'UAH RECGII	BERT	D SANTO	<u>S</u>	04/20/01 (9	54) 915	8111	
SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Destine Phone #									