

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002272**

1. Entity Name  
**CELLULAR RETAILERS, LLC**

FILED

01 MAY 11 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Mailing Address  
**1919 NORTH PINE ISLAND ROAD  
PLANTATION FL 33322**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0912351**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITLE  Change  Addition  
NAME **200004194142**  
STREET ADDRESS **-05/11/01--01004--008**  
CITY-ST-ZIP **\*\*\*350.00 \*\*\*\*\*50.00**

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
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]* SIGNATURE **RNGILBERTO SANTOS**

04/20/01

(954) 915 8111

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

Date

Daytime Phone #