

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90207 006 \*\*\*150.00

**DOCUMENT # M29358**

1. Entity Name  
**ABC CELLULAR CORP.**

Principal Place of Business  
**16500 N.W. 52ND AVENUE**  
**MIAMI FL 33014**

Mailing Address  
**16500 N.W. 52ND AVENUE**  
**MIAMI FL 33014**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2722675</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

**LAZAR, BRUCE**  
**2901 COLLINS AVE**  
**STE M**  
**MIAMI BCH. FL 33140**

7. Name and Address of New Registered Agent

Name **Randy Simon**  
 Street Address (P.O. Box Number is Not Acceptable) **16500 NW 52 Ave.**  
 City **Miami** FL Zip **33014**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>KUDEVIZ, MICHAEL</b>	
STREET ADDRESS	<b>16500 NW 52 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>BURNS, ANDREW</b>	
STREET ADDRESS	<b>16500 NW 52 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>KUDEVIZ, JACK</b>	
STREET ADDRESS	<b>16500 NW 52 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>SIMON, RANDY</b>	
STREET ADDRESS	<b>16500 NW 52 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>KUDEVIZ, JACK</b>	
STREET ADDRESS	<b>16500 NW 52 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* April 28, 2002 Date  
 (305) 621-6000 Daytime Phone #

CR2E034 (9/01)