

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005987

1. Entity Name

ALACEL LATIN AMERICAN WIRELESS INDUSTRY ASSOCIAT

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90020 010 ****70.00

Principal Place of Business

Mailing Address

1920 E. HALLANDALE BEACH BLVD
SUITE 805
HALLANDALE FL 33009
US

1920 E HALLANDALE BEACH BLVD
STE #805
MIAMI FL 33009-4726
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10540 NW 26 Street

3. Mailing Address

10540 NW 26 Street

Suite, Apt. #, etc.

G-304

Suite, Apt. #, etc.

G-304

City & State

Miami, FL.

City & State

Miami, FL.

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

65-0636887

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALARCON, JOYCE
1920 E. HALLANDALE BEACH BLVD.
SUITE 805
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name
Nester, Joyce E. Alarcon
Street Address (P.O. Box Number is Not Acceptable)
10540 NW 26 St. G-304
Suite G-304
City
Miami FL Zip Code
33172

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

Joyce E. Alarcon Nester 04/18/2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WIOR, MAURICIO	
STREET ADDRESS	TUCAMAN 744 2ND FLOOR	
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDOLFO, SANTO	
STREET ADDRESS	% TELCEL AVE. PRINCIPAL LOS CORTIJOS DE LO	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRONCOSO, MARCOS	
STREET ADDRESS	% TRICONN LOPE DE VAGA NO. 95	
CITY-ST-ZIP	DOMINICAN REPUBLIC	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALARCON, JOYCE	
STREET ADDRESS	3411 INDIAN CREEK DR APT 1003	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALVAS, JORGE	
STREET ADDRESS	AV. PROLONG. PASEO DE LA REFORMA 1236	
CITY-ST-ZIP	DEL. CUAJIMALPS DF, MEXICO	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALARCON, JOYCE E	
STREET ADDRESS	3411 INDIAN CREEK DRIVE, #1003	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nester, Joyce E. Alarcon	
STREET ADDRESS	3411 Indian Creek Drive # 1003	
CITY-ST-ZIP	Miami Beach, Fl. 33141	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joyce E. Alarcon Nester
DIRECTOR

04/18/2000 305-468-7911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)