

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90380 001 ****61.25

DOCUMENT # N95000005987

1. Entity Name

ALACEL LATIN AMERICAN WIRELESS INDUSTRY ASSOCIATION, INC.



Principal Place of Business

**1110 BRICKELL AVE
#803
MIAMI FL 33131
US**

Mailing Address

**1110 BRICKELL AVE
#803
MIAMI FL 33131
US**

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 **65-0636887**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ALARCON-NESTER, JOYCE E
10540 NW 26TH STREET
STE G-304
MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	TRONCOSO, MARCOS	
STREET ADDRESS	% TRICONN LOPE DE VAGA NO. 95	
CITY-ST-ZIP	DOMINICAN REPUBLIC	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALARCON-NESTER, JOYCE E	
STREET ADDRESS	3411 INDIAN CREEK DRIVE #1003	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALVAS, JORGE	
STREET ADDRESS	AV. PROLONG. PASEO DE LA REFORMA 1236	
CITY-ST-ZIP	DEL. CUAJIMALPS DF, MEXICO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERODIO, Juan Carlos	
STREET ADDRESS	AV. PROLONG. PASEO DE LA REFORMA 1236	
CITY-ST-ZIP	MEXICO, DF, MEXICO	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CISNEROS DE SALAS, HAYDÉE	
STREET ADDRESS	AV. FRANCISCO DE MIRANDA, PISO 14	
CITY-ST-ZIP	CARACAS, DF, VENEZUELA	
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		

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: Joyden Alarcon Nester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03 579-5444

CR2E037 (10/02)