

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 15, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000000631

1. Entity Name
CELLULAR STAR, INC.

Principal Place of Business
9609 NORTHWEST 7TH CIRCLE
SUITE 429
PLANTATION FL 33324

Mailing Address
9609 NORTHWEST 7TH CIRCLE
SUITE 429
PLANTATION FL 33324

2. Principal Place of Business
321 NORTH UNIVERSITY DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PLANTATION FL

City & State

Zip Country
33324

Zip Country

4. FEI Number
65-0971138

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE

CORAL GABLES FL 33134 US

7. Name and Address of New Registered Agent

Name
FRAK GUY
Street Address (P.O. Box Number is Not Acceptable)
9609 NORTHWEST 7TH CIRCLE
SUITE 429
City
PLANTATION FL Zip Code
33324

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 **GUY FRAK**

04/15/2001

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, 2001 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 checked="" type="checkbox"/> Delete
NAME	REINALDO RAY	
STREET ADDRESS	9609 NORTHWEST 7TH CIRCLE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	SHNEIDER YANIV	
STREET ADDRESS	9609 NORTHWEST 7TH CIRCLE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	FRAK GUY	
STREET ADDRESS	9609 NORTHWEST 7TH CIRCLE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ REINALDO VICE PR	
STREET ADDRESS	829 NORTHWEST 82ND AVE.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAK GUY PRESIDE	
STREET ADDRESS	9609 NORTHWEST 7TH CIRCLE, #429	
CITY-ST-ZIP	PLANTATION FL 33324	
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: **GUY FRAK**

prer

04/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)