

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000020430**

1. Entity Name

FIRST CLASS CELLULAR AND WIRELESS CORP.**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90175 006 ***158.75

Principal Place of Business

2103 LEJEUNE ROAD
MIAMI, FLA. 33134-4216

Mailing Address

9545 S W 36TH ST
MIAMI FL 33165-4045
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0989203

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

ANTONIO ZALDIVAR
2103 LeJeune Road.
MIAMI, FL. 33134-4216

7. Name and Address of New Registered Agent

Name

U.E. Anton

Street Address (P.O. Box Number is Not Acceptable)

9545 S.W. 36th St. Miami, FL 33165-4045

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.

URBANO E. ANTON**9545 S. W. 36th ST.****MIAMI, FLA. 33165**

SIGNATURE

Signature, typed or printed name of registered agent and new registered agent (TE: Registered Agent signature required when reinstating)

4/27/01

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **ZALDIVAR, FARAH**
CITY-ST-ZIP **4540 SW 94TH AVE**
MIAMI FLTITLE ☐ Delete
NAME **DS**
STREET ADDRESS **ZALDIVAR, ANTONIO M**
CITY-ST-ZIP **4540 SW 94TH AVE**
MIAMI FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Farah Zaldivar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**FARAH ZALDIVAR****4/27/01**

Date

Daytime Phone #