

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL 29 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/01/02--01047--019
****300.00 ****300.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000039864

1. Entity Name
CELL COM GROUP INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3015 NW 79th STREET

3. Mailing Address
3838 SW 50 CT

Suite, Apt. #, etc.
BOOTH 20-21

Suite, Apt. #, etc.
c/o ITSHAK OHANA

City & State
MIAMI, FLORIDA

City & State
FORT LAUDERDALE, FL

4. FEI Number
65-1013204

Applied For
Not Applicable

Zip
33147

Country
DADE

Zip
33312-8220

Country
BROWARD

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ALVIN I KARP
Street Address (P.O. Box Number is Not Acceptable)
965 NE 171 STREET

City NORTH MIAMI BEACH FL Zip Code
33162

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 *Alvin I Karp*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *7/15/2002*

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ITSHAK OHANA
3838 SW 50th CT
FORT LAUDERDALE, FL 33312-8220

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ITSHAK OHANA
President

DATE *7/15/2002*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034B (12/01)

ALVIN I KARP, ACCOUNTANT
REGISTERED AGENT
965 NE 171 STREET
NORTH MIAMI BEACH, FL 33162
PHONE: 305-653-5859
FAX: 305-652-8868

MAY 23, 2002

RE: CELL COM GROUP INC
DOC# P00000039864

As per your instructions, enclosed please find;

1. Corrected UBR for years 2001 and 2002
2. A Check fo \$300. FOR YEAR 2001-\$150 and YEAR 2002-\$150

We did not received the UBR's due to incorrect mailing address and could not file timely.

yours truly


ALVIN I KARP, REGISTERED AGENT