

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90008 004 ***150.00

DOCUMENT # P00000045442

1. Entity Name
CELLAMERICA, INC.

Principal Place of Business

**12095 SW 18TH TERRACE STE 268
MIAMI FL 33175**

Mailing Address

**12095 SW 18TH TERRACE STE 268
MIAMI FL 33175**

Change →

2. Principal Place of Business

8215 NW 64th St.
Suite, Apt. #, etc.
2

3. Mailing Address

8215 NW 64th St.
Suite, Apt. #, etc.
2

City & State

Miami, FLA.

City & State

Miami, FLA.

4. FEI Number

65-1001169

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, ALBERTO L
12095 SW 18TH TERRACE STE 268
MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name **Albert L. Diaz**

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

8215 NW 64th St. Suite 2

City **Miami, FL**

FL

Zip Code **33166**

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

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 **PSD** ☐ Delete
NAME **DIAZ, ALBERTO L**
STREET ADDRESS **12095 SW 18TH TERRACE STE 268**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **VTD** ☒ Delete
NAME **DIAZ, MARISOL E**
STREET ADDRESS **12095 SW 18TH TERRACE STE 268**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ 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: *Albert L. Diaz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/01

Date

Daytime Phone #

CR2E034 (10/00)