2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2002 8:00 am Secretary of State P00000051167 DOCUMENT # 1. Entity Name 05-23-2002 90003 016 ***158.75 UNIVERSAL MODERN CELLULAR, INC. Mailing Address Principal Place of Business 10127 WEST OAKLAND PARK BLVD 10127 WEST OAKLAND PARK BLVD SUNRISE FL 33351 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address 10137 WEST OAKLAND PARK 10137 WEST OAKLAND PARK BLYD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State SUNRNE __ FLORIDA City & State 4. FÉI Number 65-1016970 Not Applicable .SUMRNE, FLONIBA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ABUNDO, EMILIO P Street Address (P.O. Box Number is Not Acceptable) (10127)WEST OAKLAND PARK BLVD SUNRISE FL 33351 10137 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 , Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees fi(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE TITLE ☐ Delete MEDINA, FELIX F NAME NAME (10127)WEST OAKLAND PARK BLVD 10137 WEST ORKLAND PARK BLYD. STREET ADDRESS STREET ADDRESS SUNRISE FL 33351 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition VSD ☐ Delete TITLE TITLE CAPINA, ISAGANI NAME 10137 WEST OAKLAND PARK BLUD 10127 WEST OAKLAND PARK BLVD STREET ADDRESS STREET ADDRESS SUNRISE-FL: 33351---CITY-ST-ZIP === -CITY-ST-ZIP ☐ Addition Delete TITLE Change Change TITLE ABUNDO, EMILIO P NAME NAME WEST DAKLAND PARK BLYD 10127 WEST OAKLAND PARK BLVD STREET ADDRESS STREET ADDRESS SUNRISE FL 33351 CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

DILE NAME

STREET ADDRESS

☐ Delete

☐ Change

CR2E034 (9/01)