## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -1 AH 7:55

| DOCUMENT # P000000 55688  1. Entity Name Cellular Hut, INC. |  |  |   | SECRETARY OF STATE TALL AHASSEE FLORIDA   |  |
|---|--|--|---|---|--|
|   | O NOT WRITE  | IN THIS SI   | PACE  |   |  |
| 2. Principal Plac<br>3/68<br>Suite, Apt. #.                 | S. University Dr. etc.   | 3. Mailing Address 3. Suite, Apt. #, etc.  | University or   | DO NOT WRITE I  |  |
| City & State Miromar FL                                     |  | City & State  Niramar  |   | 4. FEI Number<br>65-1013961   | Applied For Not Applicable   |
| Zip 33c24 Country   |  | Zip 33024 Country USA  |   | 5. Certificate of Status Desired  |  |
| Name  |  |  | Name ()   | 7. Name and Address of Current Registered Agent                                     |  |
| PA  |  |  |   | RMVEER SINGH  |  |
|   |  | NIE<br>NCE   | Street Address 3/65   | P.O. Box Number is Not Acceptable  S. University D                                  | <u>5_ ·                                     </u>   |
|   | IN THIS SP   | AUE  |   | U   | Zio Code   |
|   |  |  | 34 10.00 to 1   | amar  | FL Zip Code 33024  |
| 8. The above n  | amed antity submits this statement fo  | the purpose of changing its  | s registered office or registe  | red agent, or both, in the State of Floric  |  |
|   | Parmileos SING   |  |   |   | 4-22-03  |
| SIGNATURE   | ignature, typed or printed name of registered agent.   |  | TE: Registered Agent signature require  | d when reinstating)   | DATŁ.  |
|   | ation is eligible to satisfy its Intangible<br>equirement and elects to do so.<br>a on back) | After Ma   | May 1 Fee is \$150.00<br>y 1 Fee is \$550.00<br>ed UBR is \$61.25<br>ible to Department of St | 10. Election Campaign Final Trust Fund Contribution.                                | scing \$5.00 May Be Added to Fees  |
| <del>1</del> 1.   | OFFICERS AND   | The state of the s |   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                       | DP<br>PARMYEEK SING<br>3168 S. UMYERS<br>MIYAMAT F   | ity Ds.<br>L 33024   | NAME<br>STREET ADDRESS<br>CLIV-ST /IP   |   |  |
| THTLE NAME STREET ADDRESS CITY-ST-ZIP                       |  |  | NAME<br>STREET ADDRESS<br>CITY ST. 7/P  |   |  |
| TITLE  NAME  STREET ADDRESS  CITY:ST-ZIP                    |  |  | NAME STREET ADDRESS COVESTIVED  | DO NOT I  | The second secon |
| TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP                    |  |  | MAME. STREET ADDRESSS CITY STOPP  | IN THIS S   | SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                       |  |  | NAME STREET ADDRESS CHY-ST-ZIP  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS                             | -  |  | NAME STREET ADDRESS CITY ST APP   |   |  |
| 13. Thereby   | certify that the information supplied wi   | h this filing does not qualify   | Shipe who have a stated in  | Section 119.07(3)(i), Florida Statutes. I<br>e same legal effect as if made under o | further certify that the information ath; that I am an officer or director   |

Interest certain that the information subplies with this man officer or director 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 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 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 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 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 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 indicated on this 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 indicated on this 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 indicated on the same legal effect as if made under oath; that I am an officer or director indicated on the same legal effect as if made under oath; that I am an officer or director indicated on the same legal effect as if made under oath; that I am an officer or director indicated on the same legal effect as if made under oath; that I am an officer or director indicated on the same legal effect as if made under oath; that I am an officer or director indicated on the same legal effect as if made under oath; the same legal effect as if made under oath; the same lega

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 954-430-6363

pr 5/5



April 22, 2003

## Annual Uniform Report-2002-Reinstate Cellular Hut, Inc. Fei # 65-1013961 Document Number P00000055688

Dear Sir or Madam:

My corporation has been administratively withdrawn. However, I had never received the UBR report for the renewal in 2002 or 2003.

Please accept check \$300.00 for reinstatement fees for the year 2002 and \$150.00 for renewal for 2003.

Please don't hesitate to contact me if you need further information.

**Thanks** 

Paramveer Singh

Director: Cellular Hut, Inc. 3168 S. University Dr. Miramar, FL 33024

954-430-6363