2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am § P00000064527 **DOCUMENT #** Secretary of State 1. Entity Name ON THE GO CELLULAR MIAMI, INC. 03-25-2002 90054 019 ***150.00 Principal Place of Business Mailing Address 12000 BISCAYNE BLVD #219 12000 BISCAYNE BLVD #219 MIAM! FL 33181 MIAMI FL 33181 2. Principal Place of Business 3. Mailing Address 16/31 BISCAUNE BLUD 16/3/ Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1038903 NORT H NORTH MiAMI Not Applicable \$8.75 Additional Certificate of Status Desired: 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GEORGE HANZ, GEORGE Street Address (P.O. Box Number is Not Acceptable 12000 BISCAYNE BLVD #219 **MIAMI FL 33181** NORTH s this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sub GEORGE HANZ (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to eatisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITI F Change TITLE Delete CULA BECKERMAN, JOSEPH NAME NAME 16131 BISCAYNE BLUD. NORTH MIAMI, PL 33160 12000 BISCAYNE BLVD #219 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33181 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE ADLER, GEORGE HANZ NAME NAME 16131 BISCAYNE BLUD. NORTH MIAMI, PL 33160 12000 BISCAYNE BLVD #219_ STREET ADDRESS STREET ADDRESS MIAMI FL 33181 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted 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.

GEDRGE HANZ

ID TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED