

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90401 016 \*\*\*150.00

**DOCUMENT # P00000064527**

1. Entity Name

ON THE GO CELLULAR MIAMI, INC.



Principal Place of Business

16131 BISCAYNE BLVD  
NORTH MIAMI FL 33160

Mailing Address

16131 BISCAYNE BLVD  
NORTH MIAMI FL 33160

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1038903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANZ, GEORGE  
16131 BISCAYNE BLVD  
NORTH MIAMI FL 33160

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ **NAME**  
D  
CULA BECKERMAN, JOSEPH  
16131 BISCAYNE BLVD  
NORTH MAIMI FL 33160  
☐ Delete

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

☐ **TITLE**  
D  
ADLER, GEORGE HANZ  
16131 BISCAYNE BLVD  
NORTH MAIMI FL 33160  
☐ Delete

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE HANZ

Date

4/2/04

Daytime Phone #

305-945-6003