

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000080367

1. Entity Name

UNICELL CELLULAR & ACCESSORIES, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90263 045 ***158.75

Principal Place of Business

6465 SW 130 PLACE
SUITE 508
MIAMI FL 33183

Mailing Address

6465 SW 130 PLACE
SUITE 508
MIAMI FL 33183

2. Principal Place of Business

1446 N.W. 78th AVE.
Suite, Apt. #, etc.

3. Mailing Address

2121 PONCE DE LEON
Suite, Apt. #, etc.
SUITE #240

City & State

MIAMI, FL.

City & State

CORAL GABLES, FL.

4. FEI Number

65-1037324

Applied For

Not Applicable

Zip

33126

Country

U.S.A.

Zip

33134

Country

U.S.A.

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

KLAUS, KURT R JR.
2655 LEJEUNE ROAD
SUITE 1108
CORAL GABLES FL 33134

Name

GABRIEL PRATS

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

2121 PONCE DE LEON BLVD.

SUITE #240

City

CORAL GABLES,

FL

Zip Code
33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME YIDIOS, ANTONIO
STREET ADDRESS 4516 NW 114 AVENUE, #2007
CITY-ST-ZIP MIAMI FL 33178

TITLE D.P. ☒ Change ☐ Addition
NAME ANTONIO YIDIOS
STREET ADDRESS 1446 N.W. 78th AVE.
CITY-ST-ZIP MIAMI, FL. 33126

TITLE VSTD ☒ Delete
NAME MEJIA, MAURICIO
STREET ADDRESS 6465 SW 130 PLACE SUITE 508
CITY-ST-ZIP MIAMI FL 33183

TITLE D. S. T. ☐ Change ☒ Addition
NAME LUIS CARLOS OROZCO
STREET ADDRESS 1446 N.W. 78th AVE.
CITY-ST-ZIP MIAMI, FL. 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D.VP. ☐ Change ☒ Addition
NAME TEOFIL YIDIOS
STREET ADDRESS 1446 N.W. 78th AVE.
CITY-ST-ZIP MIAMI, FL. 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis C. OROZCO

04-19-01

Date

Daytime Phone #

305/444-8383

CR2E034 (10/00)