

2001 UNIFORM BUSINESS REPORT (UBR)

0047068
AV

DOCUMENT # P00000096920

1. Entity Name
CELLULAR CONSULTING CORPORATION

FILED

01 OCT 12 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
10044 SOUTHWEST 77TH COURT
MIAMI FL 33156

Mailing Address
10044 SOUTHWEST 77TH COURT
MIAMI FL 33156

2. Principal Place of Business
15550 S.W. 112 Drive
Suite, Apt. #, etc.

3. Mailing Address
15550 SW 112 DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE
05/10/01 90053 032 \$150.00

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-1050668
Applied For
Not Applicable

Zip
33196

Country
U.S.A.

Zip
33196

Country
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LLERENA, ADA G ESQ.
250 BIRD ROAD
SUITE 200
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name
ANGEL C. CLEMENTE
Street Address (P.O. Box Number is Not Acceptable)
15550 S.W. 112 DRIVE
City
MIAMI FL Zip Code
33196

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)

9/19/2001
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LLERENA, ADA G
10044 SOUTHWEST 77TH COURT
MIAMI FL 33156 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P, D.
ANGEL C. CLEMENTE
15550 SW 112 DRIVE
MIAMI, FL 33196 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004649403-2
-10/23/01--01014--013
****400.00 ****400.00 ☐ Change ☐ Addition

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

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

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

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

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

305
9/19/2001 2199044
Date Daytime Phone #

CR2E034 (5/01)