

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100654

1. Entity Name

PLATINUM CELLULAR CORPORATION

Principal Place of Business

3034 SHIPWATCH DRIVE
HOLIDAY FL 34691

Mailing Address

3034 SHIPWATCH DRIVE
HOLIDAY FL 34691

2. Principal Place of Business

2471 McMullen Booth Rd
Suite, Apt. #, etc. 7

3. Mailing Address

2471 McMullen Booth Rd
Suite, Apt. #, etc. 7

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33759

Country

USA

Zip

33759

Country

USA

4. FEI Number

593679024

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Gayle Rauber

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

2471 McMullen Booth Rd # 7

City

Clearwater

FL

Zip Code

33759

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

Gayle Rauber

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-19-01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAUBER, ROBERT H	
STREET ADDRESS	3034 SHIPWATCH DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	RAUBER, GAYLE H	
STREET ADDRESS	3034 SHIPWATCH DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUBER, ROBERT H	
STREET ADDRESS	2471 McMullen Booth Rd # 7	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUBER, GAYLE H	
STREET ADDRESS	2471 McMullen Booth Rd # 7	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gayle Rauber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-19-01

Daytime Phone #

727-724-6440

057185

CR2E034 (10/00)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90528 049 ***150.00



DO NOT WRITE IN THIS SPACE