

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90243 011 ***150.00

DOCUMENT # P01000030892

1. Entity Name

URUCCELL COMMUNICATIONS, CORP.

Principal Place of Business

7441 WAINE AVE APT 4M
 MIAMI BEACH FL 33139

Mailing Address

7441 WAINE AVE APT 4M
 MIAMI BEACH FL 33139

2. Principal Place of Business

17455 NW 67 CT APT J

3. Mailing Address

17455 NW 67 CT APT J

Suite, Apt. #, etc.

APT J

Suite, Apt. #, etc.

APT J

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33015

Country

USA

Zip

33015

Country

USA

4. FEI Number

65-1080082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARRERO, NESTOR O
 7441 WAINE AVE APT 4M
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
 MARRERO, NESTOR O
 Street Address (P.O. Box Number is Not Acceptable)
 17455 NW 67 CT # J
 City
 MIAMI FL Zip Code
 33015

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

NESTOR O. MARRERO

04/18/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | PD MARRERO, NESTOR A 7441 WAINE AVE APT 4M MIAMI BEACH FL 33139 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MARRERO, NESTOR, O 17455 NW 67 CT # J MIAMI, FL, 33015 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE:

SIGNATURE OF NESTOR O. MARRERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/02 (305) 231-7754
 Date Daytime Phone #

CR2E034 (9/01)