

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0206199 AV

04-11-2002 90778 047 ***150.00

DOCUMENT # P01000037811

1. Entity Name
TELECEL WIRELESS, INC.

Principal Place of Business C/O RONNY J. HALPERIN. ESQ. 201 S.BISCAYNE BLVD. SUITE 1700 MIAMI FL 33131	Mailing Address C/O RONNY J. HALPERIN. ESQ. 201 S.BISCAYNE BLVD. SUITE 1700 MIAMI FL 33131
--	--



2. Principal Place of Business 150 SE 2ND AVE.	3. Mailing Address 150 SE 2ND AVE
--	---

Suite, Apt. #, etc. # 103	Suite, Apt. #, etc. # 103
-------------------------------------	-------------------------------------

City & State MIAMI, FL.	City & State MIAMI, FL
---------------------------------------	--------------------------------------

Zip 33131	Country USA	Zip 33131	Country USA
---------------------	-----------------------	---------------------	-----------------------

4. FEL Number 05-1133635	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MIAMI CENTER REGISTERED AGENTS, LLC
201 S. BISCAYNE BLVD.
SUITE 1700
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name RACHEL OHEV-ZION
Street Address (P.O. Box Number is Not Acceptable) 150 SE 2ND AVE #103
City MIAMI, **FL** **Zip Code** 33131

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 RACHEL OHEV-ZION - VICE PRESIDENT *R. Zion* **4/3/02**
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, 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	RACHEL OHEV-ZION <input type="checkbox"/> Delete VICE-PRESIDENT 150 SE 2ND AVE # 103 MIAMI, FL. 33131
---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAMUEL OHEV-ZION <input type="checkbox"/> Delete PRESIDENT 150 SE 2ND AVE # 103 MIAMI, FL. 33131
---	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL OHEV-ZION <input type="checkbox"/> Delete VICE PRESIDENT 150 SE 2ND AVE # 103 MIAMI, FL - 33131
---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
---	---------------------------------

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
---	---

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
---	---

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
---	---

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: RACHEL OHEV-ZION - VICE PRESIDENT *R. Zion* **4/3/02** **303 377 9003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)