FILED
Jun 02, 2003 8:00 am
Secretary of State
05-01-2003 91007 004 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 01000037811

1. Entity Name

TELECEL WIRELESS, INC.

DO NOT WRITE IN THIS SPACE

55045366

2. Principal Place of Business	3. Mailing Address
8216 NW 30 Terrace	8216 NW 30 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33122 Country: U.S.A	Zip: 33122 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1133635 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Samuel Ohev-zion

Street Address (P.O. Box Number is Not Acceptable): 780 Crandon Blvd., Apt #306

City: Miami FL Zip Code: 33149

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X SAMUEL OHEV-ZION 5-26-03

Signature required from registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1st-May 1st Fee is $150.00
After May 1st Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Samuel Ohev-zion
STREET ADDRESS	8216 NW 30 Terrace
CITY-ST-ZIP	Miami, FL 33122
TITLE	V
NAME	Rachel Ohev-zion
STREET ADDRESS	8216 NW 30 Terrace
CITY-ST-ZIP	Miami, FL 33122
TITLE	V
NAME	Michael Ohev-zion
STREET ADDRESS	8216 NW 30 Terrace
CITY-ST-ZIP	Miami, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: RACHEL OHEV-ZION 4-28-03 305 5979832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)