

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90029 046 ***150.00

01/10/02 AV

DOCUMENT # P01000060608

1. Entity Name

CELLULAR & SATELLITE ACCESS, INC.

Principal Place of Business

**1810 S W 81ST AVENUE, #2111
 NORTH LAUDERDLAE FL 33068**

Mailing Address

**1810 S W 81ST AVENUE, #2111
 NORTH LAUDERDLAE FL 33068**

2. Principal Place of Business

**3300 NE 192 Street
 Suite, Apt. #, etc.
 # 211**

3. Mailing Address

**3300 NE 192 Street
 Suite, Apt. #, etc.
 # 211**

City & State

Aventura FL

City & State

Aventura FL

Zip

33180

Country

USA

Zip

33180

Country

USA

4. FEI Number

65-1111692

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

WINNICK, ADAM

**1810 S W 81ST AVENUE, #2111
 NORTH LAUDERDLAE FL 33068**

7. Name and Address of New Registered Agent

Name **Adam Winnick**

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

3300 NE 192 Street, #211

City

Aventura

FL

Zip Code

33180

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 **Adam Winnick**

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 ☐ Delete
 NAME **D WINNICK, ADAM**
 STREET ADDRESS **1810 S W 81ST AVENUE, #2111**
 CITY-ST-ZIP **NORTH LAUDERDLAE FL 33068**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **D Adam Winnick**
 STREET ADDRESS **3300 NE 192 Street #211**
 CITY-ST-ZIP **Aventura, FL 33180**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED Adam Winnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02 909 962 4946

Date

Daytime Phone #

CR2E034 (9/01)