

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90199 047 ***150.00

DOCUMENT # P01000067452

1. Entity Name

MOVI-TEL. ENTERPRISE, CORP.

Principal Place of Business

**191 NW 97 AVE #102
 MIAMI FL 33172**

Mailing Address

**191 NW 97 AVE #102
 MIAMI FL 33172**

2. Principal Place of Business

2322 SW 67 Ave

3. Mailing Address

2322 SW 67 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. FEI Number

52-2336973

Applied For

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

ARELLANO, MAIRIN

**191 NW 97 AVE #102
 MIAMI FL 33172**

**2322 SW 67 Ave
 Miami FL 33155**

7. Name and Address of New Registered Agent

Name

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

2322 SW 67 Ave

City

Miami

FL

Zip Code

33155

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]

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

(NOTE: Registered Agent signature required when reinstating)

04-18-2002

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 **PT** ☐ Delete
 NAME **ARELLANO, MAIRIN**
 STREET ADDRESS **191 NW 97 AVE #102**
 CITY-ST-ZIP **MIAMI FL 33172**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☒ Change ☐ Addition
 NAME **ARELLANO, MAIRIN**
 STREET ADDRESS **2322 SW 67 Ave**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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]

MAIRIN ARELLANO
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-2002

Date

(786) 621-1844

Daytime Phone #

CR2E034 (9/01)