

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000074989

1. Entity Name

Cell Access, Inc.



FILED
03 JUL -7 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15985 NW 57TH AVE.

3. Mailing Address
15985 NW 57TH AVE.

REINSTATEMENT 02-03

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH

City & State
HIALEAH

4. FEI Number 65-1126323

Applied For
Not Applicable

Zip
FLORIDA

Country

USA

Zip
FLORIDA 33014

Country

USA

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

7. Name and Address of Current Registered Agent

Name AVELINO A. VEGA

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

15985 NW 57TH AVE.

City HIALEAH

FL

Zip Code
33014

**DO NOT WRITE
IN THIS SPACE**

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.

AVELINO A. VEGA

03/13/03

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Director, Secretary, Treasure
Avelino A. Vega
15985 NW 57th Ave. Hialeah, FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700021408157
07/09/03-01011-029 **900.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Avelino A. Vega

03/13/03

(305)244-2222

Date

Daytime Phone #

CR2E034B (12/02)