

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90094 009 ***150.00

DOCUMENT # **0010000091977**

1. Entity Name

MUNDO CELLULAR INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3115 N. COLUMBUS DR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA

City & State

FL

4. FEI Number

593753810

Applied For

Not Applicable

Zip

33607

Country

USA

Zip

33607

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MERCEDES DELGADO

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

3115 N. COLUMBUS DR. # 105

City

TAMPA

FL

Zip Code

33607

**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.

SIGNATURE

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 ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P. MERCEDES DELGADO
3115 N. COLUMBUS DR. # 105
TAMPA FL 33607

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V. JOHN JOANNIDIS
3115 N. COLUMBUS DR. # 105
TAMPA FL 33607

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN JOANNIDIS

Date

4/25/02

Daytime Phone

813 477-0254

CR2E034B (12/01)