

200-2 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name P01000094488

CELLCONN, CORP.

Principal Place of Business

8150 SW 8th ST
SUITE 121
MIAMI, FL 33144

Mailing Address

8150 SW 8th STREET
SUITE 121
MIAMI, FL 33144

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 16 PM 12:01

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

HECTOR OLIVARES
9423 FOUNT. BLVD, # 209
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

9. 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: X *Hector J. Olivares M.* PRESIDENT

10/10/02

(DATE)

10. This corporation is eligible to satisfy its biennial filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

11. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

11. OFFICERS AND DIRECTORS
[] Delete
P
OLIVARES, HECTOR
9423 FOUNT. BLVD, #209
MIAMI, FL 33172

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

[] Change [] Addition

200008427142-5
-10/17/02--01057-007
****150.00 ****150.00

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

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[] Change [] Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 in an attachment with an address, with all other like information.

SIGNATURE: *Hector J. Olivares M.*

HECTOR OLIVARES, (305) 261-3525
10/10/02

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October 12, 2002

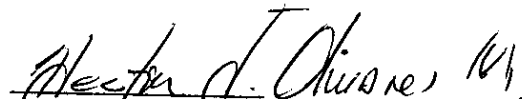
CELLCONN, CORP.
8150 S. W. 8TH STREET
SUITE 121
MIAMI, FL 33144

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

DEAR SIR/MADAM:

As per instruction over the telephone conversation, enclosed please find a check for the amount of \$150.00 for the 2002 Uniform Business Report. As I explained to you, this is my first year renewing this corporation and I did not know that I have send it every year, and I never receive the form therefore, you recommended to send the enclosed check today.

Thank you so much. Sincerely,


Hector Olivares