2002 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # P01000094488

1. Entity Name

CELLCONN, CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 16 PM 12:01

Principal Place of Business	Mailing Address
8150 SW 8th ST SUITE 121 MIAMI, FL 33144	8150 SW 8th STREET SUITE 121 MIAMI, FL 33144

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc:	Suite, Apt. #, etc:
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 11-3653326 ☐ Applied For ☐ Not Applicable

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

6. 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

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: X Hector J. Olivares M. PRESIDENT 10/10/02

(Signature, typed or printed name of individual and title if applicable) (Must be Registered Agent (typed or printed when mailing)) 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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OLIVARES, HECTOR 9423 FOUNT. BLVD, #209 MIAMI, FL 33172	☐ Delete	☐ Change ☐ Addition
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****150.00 ****150.00

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: 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