

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90045 029 ***150.00

033428 AV

DOCUMENT # P01000097840

1. Entity Name
WORLD CELLULAR TRADER'S CORP.

Principal Place of Business

**9450 LIVE OAK PLACE #202
 FT LAUDERDALE FL 33324**

Mailing Address

**9450 LIVE OAK PLACE #202
 FT LAUDERDALE FL 33324**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6555 NW 36 St.

3. Mailing Address

6555 NW 36 St.

Suite, Apt. #, etc.

Suite 209

Suite, Apt. #, etc.

Suite 209

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

36-4473141

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EGANA, KAIME

**9450 LIVE OAK PLACE #202
 FT LAUDERDALE FL 33324**

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

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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **EGANA, JAIME**
 CITY-ST-ZIP **9450 LIVE OAK PLACE #202
 FT LAUDERDALE FL 33324**

TITLE ☒ Change ☐ Addition
 NAME **DP**
 STREET ADDRESS **EGANA, JAIME**
 CITY-ST-ZIP **9450 LIVE OAK PLACE #202
 FT. LAUDERDALE, FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **DVP**
 STREET ADDRESS **EGANA, FREYA**
 CITY-ST-ZIP **9450 LIVE OAK PLACE #202
 FT. LAUDERDALE, FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)