

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90376 021 \*\*\*150.00

**DOCUMENT # P01000118307**

1. Entity Name  
**HOOK IT UP CELLULAR, INC.**

Principal Place of Business  
 18188 NE 19 AVE  
 N MIAMI BEACH FL 33162

Mailing Address  
 13971 LANGLEY PL  
 DAVIE FL 33325

2. Principal Place of Business  
**18188 NE 19th Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**13971 Langley Pl**  
 Suite, Apt. #, etc.

City & State  
**NMB, FL**  
 Zip  
**33162**

City & State  
**Davie FL**  
 Zip  
**33325**

4. FEI Number  
**33-0993019**

Applied For  
 Not Applicable

Country  
**USA**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**RADICELLO, ANTHONY C**  
**13971 LANGLEY PL**  
**DAVIE FL 33325**

## 7. Name and Address of New Registered Agent

Name  
**Anthony C. Radicello**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13971 Langley Pl**  
 City  
**Davie** FL Zip Code  
**33325**

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.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RADICELLO, ANTHONY C 18188 NE 19 AVE N MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)

To Whom It May Concern:

Attachment  
#PO/000/18307

Hello, my name is Tony Radicello from the 123028 Corp. I took it up cellular. This letter is to ask for removal of the \$400<sup>00</sup> late fee for the Uniform Business Report. Due to the fact that I just received first notice on this second 2<sup>nd</sup> day of July. Thank you for your time and attention to this matter.

Enclosed is my check for the original \$150<sup>00</sup>.  
If there is any complication my numbers are as -  
Office - 305-949-6296  
Fax - 305-949-8170

Sincerely,

