

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90171 033 ***150.00

DOCUMENT # P02000052267

1. Entity Name
CELLULAR ART WHOLESALE, INC.



Principal Place of Business
100 W CYPRESS CREEK RD STE 700
FT LAUDERDALE FL 33309

Mailing Address
100 W CYPRESS CREEK RD STE 700
FT LAUDERDALE FL 33309

2. Principal Place of Business
3000 NW 82nd Ave
Suite, Apt. #, etc.

3. Mailing Address
3000 NW 82nd Ave
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

4. FEI Number
04-3664805

Applied For
Not Applicable

Zip **33222** **Country** **USA**

Zip **33122** **Country** **USA**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ
100 W CYPRESS CREEK RD STE 700
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name **Mikko Hamalainen**
Street Address (P.O. Box Number is Not Acceptable)
3000 NW 82nd Ave
City **Miami** **FL** **Zip Code** **33122**

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)

4-22-03
DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAMALAINEN, MIKKO	
STREET ADDRESS	4770 N CITATION DR #203	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Mikko Hamalainen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3000 NW 82nd Ave	
STREET ADDRESS	Miami, FL 33122	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with a like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 305-717 3331

Date Daytime Phone #

CR2E034 (10/02)