

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90165 011 \*\*\*150.00

**DOCUMENT # P02000093633**

1. Entity Name  
**JJP CELLULAR, INC.**



Principal Place of Business  
**9001 SW 140 STREET  
MIAMI FL 33176**

Mailing Address  
**9001 SW 140 STREET  
MIAMI FL 33176**



9742 (B) SW 173rd St (Banyan St)  
Miami, FL 33157

3. Mailing Address  
**P.O. Box 770184**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State <b>33157 USA</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>02-0639938</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33157</b>	Country <b>USA</b>	Zip <b>33177</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>POZO, JORGE 9001 SW 140 STREET MIAMI FL 33176</b>		7. Name and Address of New Registered Agent Name <b>POZO, JORGE</b> Street Address (P.O. Box Number is Not Acceptable) <b>12148 SW 143 LANE</b> City <b>MIAMI</b> FL Zip Code <b>33186</b>	
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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 \_\_\_\_\_

**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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D POZO, JORGE 9001 SW 140 STREET MIAMI FL 33176</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>POZO, JORGE 12148 SW 143 LANE MIAMI, FL 33186</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D JONES, PATRICA 9001 SW 140 STREET MIAMI FL 33176</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>JONES, PATRICA 12148 SW 143 LANE MIAMI, FL 33186</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D VILLALOBOS, JUSTINO A 9001 SW 140 STREET MIAMI FL 33176</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VILLALOBOS, JUSTINO A 12148 SW 143 LANE MIAMI, FL 33186</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 all other like empowered.

**SIGNATURE:** *Jorge Pozo* **SIGNATURE RECORDED** **POZO** **1/16/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)