

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103939

Entity Name: UNITED CELLULAR FL INC.

FILED
Feb 23, 2005
Secretary of State

Current Principal Place of Business:

16900 N. BAY RD #1811
SUNNY ISLES, FL 33160

New Principal Place of Business:

2451 W. 68TH ST.
#2
HIALEAH, FL 33016

Current Mailing Address:

16900 N. BAY RD #1811
SUNNY ISLES, FL 33160

New Mailing Address:

14651 BISCAYNE BLVD.
NORTH MIAMI BEACH, FL 33181

FEI Number: 20-1367294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARANIA, ASMA
16900 N. BAY RD #1811
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHARANIA, ASMA
Address: 16900 N. BAY RD #1811
City-St-Zip: SUNNY ISLES, FL 33160

Title: VD () Delete
Name: MENON, SHARI
Address: 7133 ASPEN TRAIL
City-St-Zip: FORT WORTH, TX 76132

Title: SD () Delete
Name: POONJA, RAFIQUE
Address: 713 WAVERING LANE
City-St-Zip: COPPELL, TX 75019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASMA CHARANIA

PD

02/23/2005

Electronic Signature of Signing Officer or Director

Date