

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000005148

1. Entity Name
ALL-IN-ONE CELLULAR, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90061 045 ***150.00

Principal Place of Business
4865 N.W. 36 ST
MIAMI FL 33166
US

Mailing Address
4865 N.W. 36 ST
MIAMI FL 33166
US

2. Principal Place of Business
4865 NW 36 ST
Suite, Apt. #, etc.

3. Mailing Address
4865 NW 36 ST
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33166

Country
USA

Zip
33166

Country
USA

4. FEI Number **65-0548205**

Applied For
☐ Not Applicable

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

COLLANTE, ROXANA
4865 N.W. 36 ST
MIAMI FL 33166

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 *Roxana Collante*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/30/01
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, 2001 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 **PD** ☒ Delete
NAME **JIMENEZ, GIOVANNA**
STREET ADDRESS **4865 N.W. 36 ST**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **(P) PRESIDENT/DIRECTOR** ☒ Change ☒ Addition
NAME **ARMANDO JIMENEZ**
STREET ADDRESS **4865 NW 36 ST**
CITY-ST-ZIP **MIAMI, SPRING FL. 33166**

TITLE **VP** ☐ Delete
NAME **COLLANTE, ROXANA**
STREET ADDRESS **4865 N.W. 36 ST**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Roxana Collante*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 **305-883-6020**
Date Daytime Phone #

CR2E034 (10/00)