

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039020

1. Entity Name
CELLULAR EXTENSIONS INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90029 001 ***158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2090 S. NOVA . SUITE B-208
S. DAYTONA FL 32119

Mailing Address
2090 S. NOVA . SUITE B-208
S. DAYTONA FL 32119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3309732**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MARTIN, TRELANA
2090 S. NOVA , SUITE B-208
S. DAYTONA BEACH FL 32119

Name **MARITZA TORRES & TOM TORRES**

Street Address (P.O. Box Number is Not Acceptable)

2090 S. Daytona, FL. 32119

City **Daytona**

FL

Zip Code **32119**

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 *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE **April 30, 2001**

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	P	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, TRELANA S	
STREET ADDRESS	352 DAVEY RD	
CITY-ST-ZIP	S. DAYTONA FL 32119	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, ROGER	
STREET ADDRESS	352 DAVEY RD	
CITY-ST-ZIP	S. DAYTONA FL 32119	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARITZA TORRES	
STREET ADDRESS	835 ORANGE Ave	
CITY-ST-ZIP	Port Orange, FL. 32119	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas M. Torres	
STREET ADDRESS	513 Leslie Dr	
CITY-ST-ZIP	Port Orange, FL. 32119	
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		

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)