

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000056617**1. Entity Name
TELECEL USA, INC.**FILED****Mar 21, 2001 8:00 am**
Secretary of State

03-21-2001 90023 032 ***150.00

Principal Place of Business 2717 E. OAKLAND PARK BLVD. SUITE 201 FT LAUDERDALE 33 33306 US	Mailing Address 2717 E. OAKLAND PARK BLVD. SUITE 201 FT LAUDERDALE 33 33306 US
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2. Principal Place of Business FT LAUDERDALE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number **65-0633606**
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****COHEN, JEFFREY R
297 SUNNY ISLES BLVD.
NO MIAMI BEACH FL 33160**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	<input checked="" type="checkbox"/> Delete
NAME	BARBER, JOHAN	
STREET ADDRESS	2717 E. OAKLAND PARK BLVD., SUITE 201	
CITY-ST-ZIP	FT LAUDERDALE	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HASSON, HENRI	
STREET ADDRESS	17027 W DIXIE HWY, STE 101	
CITY-ST-ZIP	N MIAMI BCH FL 33160	
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		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAAC HASSON	
STREET ADDRESS	2717 E. OAKLAND PARK BLVD, SUITE 201	
CITY-ST-ZIP	FT. LAUDERDALE, FL, 33306	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.L. WHITEFIELD COMPANY SECRETARY 14 MARCH 2001 914 565 1002

Date

Daytime Phone #

CR2E034 (10/00)