

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019576

1. Entity Name

CELLULAR UNIVERSE INTERNATIONAL, INC.

06-20-2000 90016 003 ***150.00

P96000019576

FILED

00 JUL -5 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00065482

Principal Place of Business

Mailing Address

10435 N.W. 29 Terrace
Miami, FL 33172

2. Principal Place of Business

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0648089

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Luis Carlos Lamarche
10435 N.W. 29 Terrace
Miami, FL 33172

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's 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, 2000 Fee will be \$250.00
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, D
NAME Luis Carlos Lamarche
STREET ADDRESS 10435 NW 29 Terrace
CITY-ST-ZIP Miami, FL 33172

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V, D
NAME Jose G. Sosa
STREET ADDRESS 10435 NW 29 Terrace
CITY-ST-ZIP Miami, FL 33172

☐ Delete

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☐ Change ☐ Addition

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 addendum, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/00 305 591-9777

Date

Daytime Phone #

CR2E034 (9/99)