

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90208 014 \*\*\*150.00

**DOCUMENT # P96000020053**

1. Entity Name  
**CELLULAR PLANET, INC.**



Principal Place of Business  
**11330 NW 94TH PLACE  
MIAMI FL 33178  
US**

Mailing Address  
**4653 NW 94TH PLACE  
MIAMI FL 33178  
US**



2. Principal Place of Business

**3515 NW 113 COURT**

3. Mailing Address

**11358 NW 68 Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

Zip  
**33178**

Country  
**US**

City & State

**MIAMI FL**

Zip  
**33178**

Country  
**U.S.**

4. FEI Number **65-0668091**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BENYAHIA, KARIM  
4653 NW 94TH PLACE  
MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name **BENYAHIA, KARIM**  
Street Address (P.O. Box Number is Not Acceptable)  
**11358 NW 68 STREET**  
City **MIAMI** FL **33178**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

**01/15/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **BENYAHIA, KARIM**  
STREET ADDRESS **4653 NW 94TH PLACE**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **ST** ☐ Delete  
NAME **CLEEMPUT, PASCALE V**  
STREET ADDRESS **4653 NW 94TH PLACE**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition  
NAME **BENYAHIA, KARIM**  
STREET ADDRESS **11358 NW 68 STREET**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **ST** ☒ Change ☐ Addition  
NAME **PASCALE VAN CLEEMPUT**  
STREET ADDRESS **11358 NW 68 STREET**  
CITY-ST-ZIP **MIAMI FL 33178**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment such as an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/15/03**

**3054061658**

Date

Daytime Phone #

CR2E034 (10/02)