

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000096395**

1. Entity Name

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90030 036 \*\*\*150.00

**BUENOS AIRES CELULAR INC.**

Principal Place of Business

16483 NE 27<sup>th</sup> AV  
 NMB, FL 33160

Mailing Address

16483 NE 27<sup>th</sup> AV  
 NMB, FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-071 3622

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

**MARIANO SELAIFER**  
 16483 NE 27<sup>th</sup> AV.  
 NMB, 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

05/08/00

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 \$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	PRESIDENT	<input type="checkbox"/> Delete
NAME	CRISTIAN ABRIZO	
STREET ADDRESS	16483 NE 27 <sup>th</sup> AV.	
CITY-ST-ZIP	NMB, FL 33160	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	VERA DZUKICH	
STREET ADDRESS	16483 NE 27 <sup>th</sup> AV	
CITY-ST-ZIP	NMB, FL 33160	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Delete
NAME	MARIANO SELAIFER	
STREET ADDRESS	16483 NE 27 <sup>th</sup> AV	
CITY-ST-ZIP	NMB, 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"/> 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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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

05/08/00

Date

(305) 788-0087

Daytime Phone #

CR2E034 (9/99)