

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097910

1. Entity Name

CELLIT, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90001 019 ***158.75

Principal Place of Business

8600 NW 53RD TERRACE #202
MIAMI FL 33166

Mailing Address

8600 NW 53RD TERRACE #202
MIAMI FL 33166-4567

2. Principal Place of Business

8300 NW 33 STREET

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI, FLORIDA

Zip

33122

Country

U.S.

3. Mailing Address

8300 N.W. 33 STREET

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI, FLORIDA

Zip

33122

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0719064

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VELASCO, OLGA B
1226 BIRD ROAD
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	TELLEZ, ALEXANDER	
STREET ADDRESS	9737 NW 41 ST #140	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	VILLENA, JOSE	
STREET ADDRESS	9081 S.W. 124TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BEN-CHANOLH, EYAL	
STREET ADDRESS	11800 S.W. 77TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	VILLENA, MARIO	
STREET ADDRESS	960 N.W. 127 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELLEZ, ALEXANDER	
STREET ADDRESS	10152 COSTA DEL SOL BLVD.	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLENA, MARIO	
STREET ADDRESS	7501 SW. 82 COURT	
CITY-ST-ZIP	MIAMI, FL 33143	
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:

Alexander Tellez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEXANDER
TELLEZ

Date

Daytime Phone #

4/10/00 (305)639-2249