

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90064 047 \*\*\*150.00

**DOCUMENT # P97000002368**

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

**Principal Place of Business**

**1850 W. FAIRBANKS AVENUE**  
**WINTER PARK FL 32789**

**Mailing Address**

**1850 W. FAIRBANKS AVENUE**  
**WINTER PARK FL 32789**

**2. Principal Place of Business**

**1850 W. Fairbanks Ave**  
 Suite, Apt. #, etc.  
**Suite #2**  
 City & State  
**Orlando, FL**  
 Zip  
**32789** Country  
**USA**

**3. Mailing Address**

**1850 W. Fairbanks Ave**  
 Suite, Apt. #, etc.  
**Suite #2**  
 City & State  
**Orlando, FL**  
 Zip  
**32789** Country  
**USA**



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**59-3427800**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**COMBAS, JOHN**  
**1850 W FAIRBANKS AVENUE**  
**WINTER PARK FL 32789**

**Name**

**DONNA L. DRAVES**

**Street Address (P.O. Box Number is Not Acceptable)**

**120 E Concord St**

**City**

**Orlando**

**FL**

**Zip Code**

**32801**

**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**

**DONNA L. DRAVES** **4/25/02**

**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, 2002 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**

<b>TITLE</b>	<b>PDS</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>COMBAS, JOHN</b>	
<b>STREET ADDRESS</b>	<b>1850 W. FAIRBANKS AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>WINTER PARK FL 32789</b>	
<b>TITLE</b>	<b>PST</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GRACIA, DANIEL</b>	
<b>STREET ADDRESS</b>	<b>1850 W. FAIRBANKS AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>WINTER PARK FL 32789</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>PST D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Gracia, Daniel</b>	
<b>STREET ADDRESS</b>	<b>1850 W. Fairbanks Ave, Suite #2</b>	
<b>CITY-ST-ZIP</b>	<b>Winter Park, FL 32789</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

**Daniel Gracia**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02**  
 Date

**407-415-6253**  
 Daytime Phone #

CR2E034 (9/01)