

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90125 018 ***150.00

DOCUMENT #
 1. Entity Name *P 97000029678*

Principal Place of Business Mailing Address
Brickell Cellular, Inc.

2. Principal Place of Business 3. Mailing Address
3380 N. 28th Terrace *3380 N. 28th Terrace*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
Hollywood, Florida *Hollywood, Florida*
 Zip Country Zip Country
33020 U.S.A. *33020 U.S.A.*

4. FEI Number Applied For
65-0746591 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Swerdlow, Richard Esq.
3380 N 28th Terrace
Hollywood, FL 33020

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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**

OFFICERS AND DIRECTORS

<input type="checkbox"/> Delete	<i>D</i> <i>Swerdlow, Richard</i> <i>3380 N 28th Terrace</i> <i>Hollywood, FL 33020</i>
<input type="checkbox"/> Delete	<i>D</i> <i>Link, Andres</i> <i>3380 N 28th Terrace</i> <i>Hollywood, FL 33020</i>
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
	NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
	NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
	NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
	NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *04/27/00* **DATE** *(954) 921-1234* **Daytime Phone #** *X112*

CR2E034 (9/99)