

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P97000029678

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

05-08-2000 90125 018 ***150.00

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

Hollywood, Florida

City & State

Hollywood, Florida

4. FEI Number

65-0746591

Applied For

Not Applicable

Zip

33020

Country

U.S.A.

Zip

33020

Country

U.S.A.

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

Swerdlow, Richard Esq.
3380 N 28th Terrace
Hollywood, FL 33020

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	SWERDLOW, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	3380 N 28th Terrace	
CITY-STATE-ZIP	Hollywood, FL 33020	
NAME	LINK, ANDRES	<input type="checkbox"/> Delete
STREET ADDRESS	3380 N 28th Terrace	
CITY-STATE-ZIP	Hollywood, FL 33020	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
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STREET ADDRESS			
CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/00

Date

(954) 921-1234

Daytime Phone # X112

CR2E034 (9/99)