

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2000 08:00 AM****Secretary of State****DOCUMENT # P97000031930**

1. Entity Name

CELLULAR & BEYOND, INC.

Principal Place of Business

15540 S.W. 156TH AVENUE

MIAMI
33187

FL

Mailing Address

15540 S.W. 156TH AVENUE

MIAMI
33187

FL

2. Principal Place of Business

10201 HAMMOCKS BLVD

3. Mailing Address

10201 HAMMOCKS BLVD

Suite, Apt. #, etc.

279

Suite, Apt. #, etc.

279

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip
33196

Country

Zip
33196

Country

4. FEI Number

65-0741494

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentKAUR PREET K
15540 S.W. 156TH AVENUEMIAMI
33187

FL

7. Name and Address of New Registered AgentName
SINGH GStreet Address (P.O. Box Number is Not Acceptable)
10201 HAMMOCKS BLVD

279

City
MIAMI

FL

Zip Code
33196

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 **G S**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/28/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE VP ☒ Delete
NAME PAL SINGH ARORA DAVINDER
STREET ADDRESS 15540 S.W. 156TH AVENUE
CITY-ST-ZIP MIAMI FL 33187TITLE VP ☐ Delete
NAME SINGH ARORA GURBAKSH
STREET ADDRESS 15540 S.W. 156TH AVENUE
CITY-ST-ZIP MIAMI FL 33187TITLE PSD ☒ Delete
NAME KAUR PREET K
STREET ADDRESS 15540 S.W. 156TH AVENUE
CITY-ST-ZIP MIAMI FL 33187TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PSTD ☒ Change ☐ Addition
NAME SINGH G
STREET ADDRESS 10201 HAMMOCKS BLVD
CITY-ST-ZIP MIAMI FL 33196TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: G SINGH

P

04/28/2000