

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084360

1. Entity Name

CELLULAR EXPRESS DISTRIBUTORS COMPANY

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90049 007 ***150.00

Principal Place of Business

Mailing Address

7500 NW 25TH ST.
SUITE 108
MIAMI FL 33122

7500 NW 25TH ST.
SUITE 108
MIAMI FL 33152-2212

2. Principal Place of Business

3. Mailing Address

1919 N. PINE ISLAND Rd

1919 N. PINE ISLAND Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

PLANTATION FL

4. FEI Number

65-0784825

Applied For

Not Applicable

Zip

33322

Country

Zip

33322

Country

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

SANTOS, GILBERTO
7500 NW 25TH ST.
SUITE 108
MIAMI FL 33122

Name

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

1919 N. PINE ISLAND Rd

City

PLANTATION

FL

Zip Code

33322

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

04-25-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BARONE, ALEXANDRA
STREET ADDRESS 7500 NW 25TH ST., STE. 108
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1919 N. PINE ISLAND Rd
CITY-ST-ZIP PLANTATION, FL. 33322

TITLE VST
NAME SANTOS, GILBERTO P
STREET ADDRESS 7500 NW 25TH ST., STE. 108
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1919 N. PINE ISLAND Rd
CITY-ST-ZIP PLANTATION, FL. 33322

TITLE V
NAME MENDEZ, ANTHONY
STREET ADDRESS 7500 NW 25TH ST., STE. 108
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1919 N. PINE ISLAND Rd
CITY-ST-ZIP PLANTATION, FL. 33322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #