2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am Secretary of State DOCUMENT # P98000009357 1. Entity Name 05-19-2002 90261 020 ***150.00 WAREHOUSE CELLULAR, INC. Principal Place of Business Mailing Address 4811 NWN 79TH AVENUE 4811 NWN 79TH AVENUE SUITE 2 SUITE 2 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0839693 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTINEZ, GUSTAVO Street Address (P.O. Box Number is Not Acceptable) 14361 S.W. 157 STREET **MIAMI FL 33177** City Zip Code 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) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Addition 7905 N.W. 8 STREET # 1 MENDIBLE, NAYBELL NAME MIAMI, FL STREET ADDRESS 9351 FOUNTAINEBLEAU BLVD. B-420 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 TITLE ☐ Delete TITI F ☐ Change · Addition NAME YAMIN, ROBERTO NAME STREET ADDRESS AV CIRCUNVALACION DEL SOL, CENTRO COMERCIA STREET ADDRESS CITY-ST-7IP EMPRESARIAL EL SOL STA PAULA CARAC-AS CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME MARTINEZ, GUSTAVO NAME STREET ADDRESS 14361 S.W. 157 STRET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33177 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ... Detete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

FILED

(9/01)CR2E034