FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 21, 2001 8:00 am DOCUMENT # 998 0000 33821 Secretary of State Advantage Cellular, INC. 05-21-2001 90031 032 ***150.00 Principal Place of Business Mailing Address 4956 NW 105th DRIVE 4956 NW105th DR. Coral Springs 71 33067 Coral Springs F1 658368 3*30*67 2. Principal Place of Business 2041 W PPNSAROJA: S+ 3. Mailing Address W Pensacola St 2041 Suite, Apt. #, etc. Suite Apt #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For Tallahassee 65 0828994 Tallahassee Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 2364 USA 32304 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Elsie Sunchez Kichard Botero 343 Almeric Avenue Street Address (P.O. Box Number is Not Acceptable) OCH W PENSACOLA Street Loral Gables 71 33134 Tallahassee 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 .vped or printed name of register gent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PS Stephen Latchman Addition Change □ Delete TITLE NAME 4956 NW 105th DR STREET ADDRESS STREET ADDRESS Coral Springs 7/ 33067 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE Philliplatchman 4956NW 105th DR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Coral Springs F1 33067 VPT☐ Change ★ Addition Delete TITLE TITLE Richard Boters Da. NAME NAME STREET ADDRESS STREET ADDRESS Coral Springs 71 33067 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 with all other like empowered Kichard Botero **SIGNATURE**