

AMOUNT PAID ON OR BEFORE 9/15/99: \$30 (IF DISCOUNTED, MINIMUM AMOUNT DUE TO REGRATE: \$100)

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT -5 PM 12:14


DOCUMENT # P98000088823

1. Corporation Name

GBT PAGERS & CELLULARS, INC.

Principal Place of Business

18901 NW 2ND AVENUE
MIAMI FL 33169

Mailing Address

18901 NW 2ND AVENUE
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1998

4. FEI Number

65-0870157-23-45-001

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property.☒ Yes☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 18901 NW 2ND Avenue

Suite, Apt. #, etc.

2a. Mailing Address

26 18901 NW 2ND Avenue

Suite, Apt. #, etc.

City & State

23 Miami FL

Zip

24 33169

Country

25 Dade

City & State

28 Miami FL

Zip

29 33169

Country

30 Dade

9. Name and Address of Current Registered Agent

CHO, SANDY H
2750 NW 3RD AVENUE #10
MIAMI FL 33127
 Have change
 Accountant please
 Remove From computer

81 Name

82 NERY C. DTINYAK

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

84 18901 NW 2ND Ave

City

Miami

FL

85 Zip Code

33169

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

NERY C. DTINYAK

PD

9-28-99

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

(NOTE: Registered Agent signatures required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY-ST-ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY-ST-ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY-ST-ZIP

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

35. TITLE

36. NAME

37. STREET ADDRESS

38. CITY-ST-ZIP

39. TITLE

40. NAME

41. STREET ADDRESS

42. CITY-ST-ZIP

43. TITLE

44. NAME

45. STREET ADDRESS

46. CITY-ST-ZIP

47. TITLE

48. NAME

49. STREET ADDRESS

50. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY-ST-ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY-ST-ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

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27. TITLE

28. NAME

29. STREET ADDRESS

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31. TITLE

32. NAME

33. STREET ADDRESS

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35. TITLE

36. NAME

37. STREET ADDRESS

38. CITY-ST-ZIP

39. TITLE

40. NAME

41. STREET ADDRESS

42. CITY-ST-ZIP

43. TITLE

44. NAME

45. STREET ADDRESS

46. CITY-ST-ZIP

47. TITLE

48. NAME

49. STREET ADDRESS

50. CITY-ST-ZIP

SIGNATURE

NERY C. DTINYAK

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

8-28-99 305-655-1618

Date

Daytime Phone #

CR2ED34 (5/99)

TO THE DEPARTMENT OF

I DANIEL DITINYAK MAILED THE ANNUAL CORPORATION REPORT FOR GBT PAGERS AND CELLULARS, IN THE END OF JUNE 1999. BUT NEVER RECEIVED A CANCELLED CHECK BACK, SO I CALLED (850) 487-6059 AND SPOKE TO MR. FIRONE REGARDING THIS ISSUE, HE CONFIRMED TO ME THAT HE WAS UNABLE TO FIND ANY CONFIRMATION OF MY CHECK #1072, SO HE ADVISED ME TO SEND THIS LETTER WITH AN EXPLANATION. AND THE NEW CHECK # 1104.

THANK YOU!

Daniel Ditynyak