

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90115 016 ***150.00

DOCUMENT # P98000097098

Entity Name

FLORIDA CELLULAR OF NORTH AMERICA, INC.

801785



DO NOT WRITE IN THIS SPACE

Principal Place of Business MIRAMAR PKWY FL 33023	Mailing Address 6051 MIRAMAR PKWY MIRAMAR FL 33023-3937
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2. Principal Place of Business 20401 NW 2 AVE.	3. Mailing Address 20401 NW 2 AVE.
Suite, Apt. #, etc. 101	Suite, Apt. #, etc. 101
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33169	Country U.S.A.

4. FEI Number 65-0881226	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KURUVILA, JOE 6051 MIRAMAR PKWY MIRAMAR FL 33023
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7. Name and Address of New Registered Agent Name GEORGE KULANGARA Street Address (P.O. Box Number is Not Acceptable) 20401 NW 2 AVE, SUITE # 101 City MIAMI FL Zip Code 33169
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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 <i>X. George Kulangara</i> DATE 1/11/00 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KURUVILA, JOE 6053 MIRAMAR PKWY MIRAMAR FL 33023 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, SALVI 9840 SW 3RD ST. PEMBROKE PINES FL 33025 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEORGE KULANGARA 20401 NW 2 AVE SUITE # 101 MIAMI, FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>X. George Kulangara</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 1/11/00 Daytime Phone #
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CR2E034 (9/99)