

2/28

**001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000097098**

Entity Name

**FLORIDA CELLULAR OF NORTH AMERICA, INC.****FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90057 031 \*\*\*150.00

Principal Place of Business

20401 NW 2 AVE  
STE 101  
MIAMI FL 33169

Mailing Address

20401 NW 2 AVE  
STE 101  
MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0881226**

Applied For

Not Applicable

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

**KULANGARA, GEORGE**  
**20401 NW 2 AVE SUITE # 101**  
**MIAMI FL 33169**Name **SALVI VELLAPALLY**

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

**20401 NW 2 AVE # 101**City **MIAMI****FL**Zip Code  
**33169**

B. 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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**03/23/01**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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KULANGARA, GEORGE</b> <b>20401 NW 2 AVE SUITE #101</b> <b>MIAMI FL 33169</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SALVI VELLAPALLY</b> <b>20401 NW 2 AVE # 101</b> <b>MIAMI, FL 33169</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>GEORGE KULANGARA</b> <b>20401 NW 2 AVE # 101</b> <b>MIAMI, FL 33169</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/22/01 305-654 1099**

Date

Daytime Phone #

CR2E034 (10/00)