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PROFIT: CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000097405 1. Corporation Name

HNITED CELLULAR TRADING, INC.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90158 006 ***150.00

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Principal Place	e of Business	Mai	iling Address	_			IA 18181 #9141 88411 88111		1 8(81) 6 8:	(E) B)II UE)	
121 S.E. 1ST S	TREET	_	S.E. 1ST STREET					•			
#913 MIAMI FL 33131			#913 MIAMI FL 33131			DO NOT WRITE IN THIS SPACE					
	•					3. Date incorpor	ated or Qualifed				
						11/19/1998	3		_		
2. Principal Pl	S E ST	2a.	Mailing Address	IST S	TREE	4. FEJ Number	875961	<u> </u>	Not /	ied For Applicable	
Suite, Apt.			Suite, Apt. #, etc.	3		5. Certifcate of S	Status Desired	 	75 Ad 99 Requ	ditional uired	
City & State	MI EL 331	31 28	City & State	<u></u> =		6. Election Camp Trust Fund Co	_		.00 M		
Zip	Country		Zip	Country		8. This corporati	on owes the curren	nt year Intangible		,	
24	25 DAL) E 29 3	33131	30 ⊅ A	DE	Personal Prop	erty Tax.	☐ Yes	s 2	No	
	9. Name and Address of		ered Agent			10. Name and Ad	dress of New Re	gistered Agent			
121 #913				81 82 83	Street Add	OLNHA, JA dress (P.O. Box Numb S.E. S.	RY J. er is Not Acceptabl STREE!	le)			
AAIM	VII FL 33131			84	City	<u> </u>	ა	85	Zip Co	nde -	
				171	MIAM	11 FL		FL	33	131	
11 Purcuant	to the provisions of Sections	607 0502 and 60	7 1508 Florida Sta	tutes, the above-	named cor	rporation submits this s	statement for the pu	urpose of changi	ng its re	egistered	
office or re	registered agent, or both, in the m familiar with, and accept the	ne State of Florida	a. Such change wa	s authorized by t	he corporat	tion's board of director	s. I hereby accept	ше арроншиет	as regn	stered	
office or re	egistered agent, or both, in the m familiar with, and accept the	ne State of Florida ne obligations of,	a. Such change wa Section 607.0505,	s authorized by ti Florida Statutes.	ne corporat	tion's board of director	s. I hereby accept		as regn	stered	
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attactment with an address, with all other like empowered.

SIGNATURE: