

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037405

1. Entity Name

UNITED CELLULAR TRADING, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1675 NE 142 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0875961

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARY SARDINHA

Name

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

1675 NE 142 ST

City

Miami

FL

Zip Code

33181

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600005109706--5
-03/15/02--01016--012
****308.75 ****308.75

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE D. JARY SARDINHA ☐ Delete
NAME
STREET ADDRESS 1675 NE 142 ST
CITY-ST-ZIP Miami, FL 33181

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D. CARLENE F. SARDINHA ☐ Delete
NAME
STREET ADDRESS 1675 NE 142 ST
CITY-ST-ZIP Miami, FL 33181

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/21/02 (305) 761-2236

CR2E083 (11/00)

Attachment
Doc# PA6000097405

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Miami, January 22, 2002

Dear Sirs;

We did not receive the 2001 UBR form because our business has moved. Please accept the enclosed check of \$150.00 to pay for the 2001 fee.

The new address is 1675 NE 142nd Street, Miami, FL 33181, as indicated on the form.

Should you have any questions regarding this payment, please call my accountant, Martti Kalkas (305) 577-9716.

Sincerely

Jary Sardinha