

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90413 041 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000101546

1. Entity Name

WHOLESALE CELLULAR CENTER, INC

Principal Place of Business
4251 N FEDERAL HWY
SUITE 3

Mailing Address
4251 N FEDERAL HWY
SUITE 3

BOCA RATON, FL 33431

BOCA RATON, FL 33431

2. Principal Place of Business
4251 N FEDERAL HWY

3. Mailing Address
4251 N FEDERAL HWY

Suite, Apt. #, etc.
SUITE 3

Suite, Apt. #, etc.
SUITE 3

City & State
BOCA RATON, FLORIDA

City & State
BOCA RATON FLORIDA

4. FEI Number
65-0882121

Applied For
Not Applicable

Zip Country
33431 USA

Zip Country
33431 USA

5. Certificate of Status Desired ☐ \$8.75 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

HENNINGS, GABRIEL
4251 N FEDERAL HWY
SUITE 3

BOCA RATON, FL 33431

Name
HENNING, GABRIEL
Street Address (P.O. Box Number is Not Acceptable)
4251 N FEDERAL HWY
SUITE 3
City
BOCA RATON FL Zip Code
33431

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

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 \$160.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00
Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HENNING, GABRIEL	
STREET ADDRESS	4251 N FEDERAL HWY	
CITY - ST - ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/2002

Date

Daytime Phone #

CR2E034 (9/99)