

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022575

1. Entity Name

CELLULAR CITY INTERNATIONAL, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90093 017 ***150.00

Principal Place of Business

3272 NW 72 AVE
MIAMI FL 33122

Mailing Address

3272 NW 72 AVE
MIAMI FL 33122

2. Principal Place of Business

3124 NW 72 AVE

3. Mailing Address

3124 NW 72 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0939994

Applied For

Not Applicable

Zip

33122

Country

U.S.A.

Zip

33122

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, JOEL
15630 SW 80 #103
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name Jose' Javier Llinas

Street Address (P.O. Box Number is Not Acceptable)
6470 SW 38 Street.

City Miami

FL

Zip Code 33155

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/26/01

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

TITLE NAME PSCD
GARCIA, JOEL ☒ Delete
STREET ADDRESS 15630 S.W. 80TH STREET, #103
CITY-ST-ZIP MIAMI FL 33193

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME PSCD ☐ Change ☒ Addition
Llinas, Jose Javier
STREET ADDRESS 6470 SW 38 St.
CITY-ST-ZIP Miami, FL 33155.

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 an other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/01

Date

Daytime Phone #

CR2E034 (10/00)

0141367