

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90034 023 ***150.00

DOCUMENT # P99000022575

1. Entity Name

Cellular City International, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3132 NW 72 AVE

Suite, Apt. #, etc.

3. Mailing Address

332 NW 72 AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number

65-0939994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name José J. Llinas

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

3132 NW 72 AVE

City Miami

FL

Zip Code 33122

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)

04/25/02.

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 José J. Llinas - Director
STREET ADDRESS 3132 NW 72 AVE
CITY - ST - ZIP Miami, FL 33122

TITLE NAME (Delete) Rita Llinas - D
STREET ADDRESS 6470 SW 28 ST
CITY - ST - ZIP Miami, FL 33155

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/02.

Date

Daytime Phone #

(305) 513-0042

CR2E034B (12/01)