

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

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90067 017 ***150.00

DOCUMENT # P99000064635

1. Entity Name

JUST FOR CELLULAR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5125 E 8 Lane

Suite, Apt. #, etc.

3. Mailing Address

5125 E 8 Lane

Suite, Apt. #, etc.

City & State
Hialeah Florida

City & State
Hialeah Florida

4. FEI Number
65-0935024

Applied For
Not Applicable

Zip
33013

Country
U.S.A.

Zip
33013

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
ANAMIN GONZALEZ

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

5125 E 8 Lane

City
Hialeah FL 33013

**DO NOT WRITE
IN THIS SPACE**

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

ANAMIN GONZALEZ

09-09-2002

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)

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

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President ANAMIN GONZALEZ 5125 E 8 Lane Hialeah FL 33013	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President ANAMIN GONZALEZ 5125 E 8 Lane Hialeah FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President Elizabeth G. Laloui 5125 E 8 Lane Hialeah FL 33013	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President Elizabeth G. Laloui 5125 E 8 Lane Hialeah FL 33013
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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 on an attachment with an address, with all other like empowered.

ANAMIN GONZALEZ
President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-09-2002

Date

(305) 769-1743

Daytime Phone #

CR2E034B (12/01)