

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095513

1. Entity Name

CELUTEL COMMUNICATIONS INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90031 003 ***150.00

Principal Place of Business

Mailing Address

8410 W. FLAGLER ST., STE. 208
MIAMI FL 33144

8410 W. FLAGLER ST., STE. 208
MIAMI FL 33144-2000

2. Principal Place of Business

3. Mailing Address

658 STANTON DR

SOMER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WOSTON, FL

City & State

4. FEI Number

65-0958783

Applied For

Not Applicable

Zip

33326

Country

BROWARD

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARAMILLO, JORGE H
8410 W. FLAGLER ST., STE. 208
MIAMI FL 33144

Name

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

658 STANTON DR

City

WOSTON

FL

Zip Code

33326

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 reinitiating)

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTS	<input type="checkbox"/> Delete
NAME	JARAMILLO, JORGE H	
STREET ADDRESS	8410 W. FLAGLER ST., STE. 208	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	658 STANTON DR	
CITY-ST-ZIP	WOSTON, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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 lines empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)