

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90489 040 ***150.00

DOCUMENT # P99000095513

1. Entity Name
CELUTEL COMMUNICATIONS INC.

Principal Place of Business

~~8410 W FLAGLER STREET~~
~~STE 200~~
~~MIAMI FL 33144~~

Mailing Address

9010 SW 137 AVE
 STE 113
 MIAMI FL 33186



2. Principal Place of Business

615 Cascade Fall Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON FL.

City & State

4. FEI Number

65-0958783

Applied For

Not Applicable

Zip

33327

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JARAMILLO, JORGE H

~~8410 W FLAGLER STREET~~
~~STE 200~~
~~MIAMI FL 33144~~

Name

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

615 Cascade Fall Dr.

City

WESTON

FL

Zip Code

33327

7. Name and Address of New Registered Agent

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

JORGE H. JARAMILLO

4/30/02

(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 \$150.00
After May 1, 2002 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 ☐ Delete
 NAME **JARAMILLO, JORGE H**
 STREET ADDRESS ~~8410 W FLAGLER STREET #200~~
 CITY-ST-ZIP ~~MIAMI FL 33144~~

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **615 Cascade Fall DR.**
 CITY-ST-ZIP **Weston, Fl., 33327**

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

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

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

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

TITLE ☐ Change ☐ 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:

JORGE H. JARAMILLO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone #

CR2E034 (9/01)