

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V43445

1. Entity Name

CELLULAR RENTALS OF FLORIDA, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90284 035 ***150.00

Principal Place of Business

Mailing Address

2301 W. SAMPLE RD.
BLDG. 3, SUITE 3-A
POMPANO BEACH FL 33073
US

2301 W. SAMPLE RD.
BLDG. 3, SUITE 3-A
POMPANO BEACH FL 33073-081
US

2. Principal Place of Business

1402 S.W. 13 Ct.

3. Mailing Address

1402 S.W. 13 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, Fl.

City & State

Pompano Beach, Fl.

4. FEI Number

65-0341794

Applied For

Not Applicable

Zip 33069

Country

USA

Zip 33069

Country

USA

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

FISHMAN, ALAN S.
2301 W. SAMPLE RD.
BLDG. 3, SUITE 3-A
POMPANO BEACH FL 33073

Name

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

City

FL

Zip Code

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)

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 D ☐ Delete
NAME SELESNICK, LOUIS
STREET ADDRESS 2301 W. SAMPLE RD. BLDG. 3, SUITE 3A
CITY-ST-ZIP POMPANO BEACH FL

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

TITLE D ☐ Delete
NAME LOIS JAMISON
STREET ADDRESS 2301 W. SAMPLE RD., BLDG. 3, SUITE 3A
CITY-ST-ZIP POMPANO BEACH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Lois Jamison SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

Date

954-788-9555

Daytime Phone #

CR2E034 (9/99)