

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # 408202**1. Entity Name
AREAWIDE CELLULAR, INC.

Principal Place of Business

1615 BARCLAY BLVD

BUFFALO GROVE
60089

IL

US

Mailing Address

1615 BARCLAY BLVD

BUFFALO GROVE
60089

IL

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0183747

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BERNSTEIN JOEL
11900 BISCAYNE BLVD.
SUITE 604
MIAMI
33181

FL

7. Name and Address of New Registered Agent

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)

02/26/2001

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, 2001 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 RYAN NANCY
STREET ADDRESS 10800 BISCAYNE BLVD 10TH FLOOR
CITY-ST-ZIP MIAMI FL 33161TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☒ Delete
NAME TYRIE DAVID
STREET ADDRESS 10800 BISCAYNE BLVD 10TH FLOOR
CITY-ST-ZIP MIAMI FL 33161TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME BEGAHLER DONALD B
STREET ADDRESS 805 3RD AVENUE
CITY-ST-ZIP NEW YORK NY 10022TITLE P, D ☒ Change ☐ Addition
NAME KAPLAN ROBERT
STREET ADDRESS 100 SHERIDAN ROAD
CITY-ST-ZIP HIGHLAND PARK IL 60035TITLE S ☐ Delete
NAME JACOBS DARYL
STREET ADDRESS 1615 BARCLAY BLVD
CITY-ST-ZIP BUFFALO GROVE IL 60089TITLE S, D ☒ Change ☐ Addition
NAME JACOBS DARRYL
STREET ADDRESS 2933 WHISPERING OAKS DRIVE
CITY-ST-ZIP BUFFALO GROVE IL 60089TITLE T ☐ Delete
NAME ZEBEL STEVE
STREET ADDRESS 1615 BARCLAY BLVD
CITY-ST-ZIP BUFFALO GROVE IL 60089TITLE T ☒ Change ☐ Addition
NAME ZABEL STEVE
STREET ADDRESS 1615 BARCLAY BLVD
CITY-ST-ZIP BUFFALO GROVE IL 60089TITLE P ☐ Delete
NAME HIRT FRED
STREET ADDRESS 220 W.SAN MARINO DR
CITY-ST-ZIP MIAMI FL 33139TITLE P, D ☒ Change ☐ Addition
NAME KAPLAN MICHAEL
STREET ADDRESS 249 CEDAR AVENUE
CITY-ST-ZIP HIGHLAND PARK IL 60035

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: Darryl Jacobs

D

02/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)