

# 2000 UNIFORM BUSINESS REPORT (UBR)

0007171 1/12/2000

**DOCUMENT # A99000001985**

1. Entity Name  
**WPOI OF SAN FRANCISCO WIRELESS PARTNERS, LTD.**

FILED FOR  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 22 AM 10:51

Principal Place of Business  
11000 PROSPERITY FARMS ROAD, SUITE 201  
PALM BEACH GARDENS FL 33410

Mailing Address  
11000 PROSPERITY FARMS ROAD, SUITE 201  
PALM BEACH GARDENS FL 33410-3462



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |  |  |
|--------------------------------|---------|---------------------|---------|---|--|--|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number   |  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required  |  |
| City & State                   |         | City & State        |         |   |  |  |  |
| Zip                            | Country | Zip                 | Country |   |  |  |  |

|  |  |  |  |  |  |  |  |    |  |          |  |
|--|--|--|--|--|--|--|--|----|--|----------|--|
| 6. Name and Address of Current Registered Agent                                  |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |    |  |          |  |
| <b>SPIEGEL &amp; UTRERA, P.A.</b><br>343 ALMERIA AVENUE<br>CORAL GABLES FL 33134 |  |  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |                   |   |  |
|--|-------------------|---|--|
| 9. Capital Contributions as Shown on record. | <b>\$1,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
|--|-------------------|---|--|

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |  | 13. ADDRESS CHANGES ONLY |  |
|---------------------------------|--|--------------------------|--|
| DOCUMENT #                      | P99000101767                           | STREET ADDRESS           |  |
| NAME                            | SAN FRANCISCO FUNDING CORP.            | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | 11000 PROSPERITY FARMS ROAD, SUITE 201 | STREET ADDRESS           |  |
| CITY - ST - ZIP                 | PALM BEACH GARDENS FL 33410            | CITY - ST - ZIP          |  |
| DOCUMENT #                      |  | STREET ADDRESS           |  |
| NAME                            |  | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |  | STREET ADDRESS           |  |
| CITY - ST - ZIP                 |  | CITY - ST - ZIP          |  |
| DOCUMENT #                      |  | STREET ADDRESS           |  |
| NAME                            |  | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |  | STREET ADDRESS           |  |
| CITY - ST - ZIP                 |  | CITY - ST - ZIP          |  |
| DOCUMENT #                      |  | STREET ADDRESS           |  |
| NAME                            |  | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |  | STREET ADDRESS           |  |
| CITY - ST - ZIP                 |  | CITY - ST - ZIP          |  |

*mf-31/00*

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 03/06/00 01104 015  
 \*\*\*\*141.25 \*\*\*\*141.25

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **2/18/00** **(861) 7760277**  
 Date Daytime Phone #

CR2E003 (9/99)