

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001137

FILED

1. Entity Name
PARAMOUNT WIRELESS COMMUNICATIONS OF FLORIDA, LL

00 JAN 24 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
215 SOUTH MONROE STREET, 2ND FLOOR 215 SOUTH MONROE STREET, 2ND FLOOR
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-1839



DO NOT WRITE IN THIS SPACE

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 **59-3367119** Applied For Not Applied

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DUNBAR, PETER M
215 SOUTH MONROE STREET
2ND FLOOR
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME	MEM HART, ROBERT A IV	<input type="checkbox"/> Delete
STREET ADDRESS	215 SOUTH MONROE ST. 2ND FLOOR	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE NAME	MEM ROGERS, C. JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	215 SOUTH MONROE ST. 2ND FLOOR	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE NAME	MEM NOLAN, THOMAS A	<input type="checkbox"/> Delete
STREET ADDRESS	215 SOUTH MONROE ST. 2ND FLOOR	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE NAME	MEM MITCHELL, ANITA	<input type="checkbox"/> Delete
STREET ADDRESS	215 SOUTH MONROE ST. 2ND FLOOR	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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*****50.00 *****50.00

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ~~SIGNATURE REQUIRED~~ 1-18-00 225-297-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #