

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**  
 07-26-2000 90018 012 \*\*\*550.00

**DOCUMENT # P99000066254**

1. Entity Name

**1 STOP WIRELESS SERVICE, INC.**



Principal Place of Business

Mailing Address

9313 GREEN MEADOWS WAY  
 PALM BEACH GARDENS FL 33418

9313 GREEN MEADOWS WAY  
 PALM BEACH GARDENS FL 33418-5769

2. Principal Place of Business

3. Mailing Address

5950 Okeechobee Blvd 5950 Okeechobee

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

W.P.B., FL.

W.P.B., FL.

4. FEI Number

650936454

Applied For

Not Applicable

Zip

Country

Zip

Country

33417

USA

33417

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 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: *[Signature]* SHARON FLICKSTEIN, President

5/16/00  
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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: PSD  
 NAME: FLICKSTEIN, SHARON  
 STREET ADDRESS: 9313 GREEN MEADOWS WAY  
 CITY-ST-ZIP: PALM BEACH GARDENS FL 33418

TITLE: PSD  
 NAME: Sharon Flickstein  
 STREET ADDRESS: 412 Foresta Ter.  
 CITY-ST-ZIP: W.P.B., FL. 33415

TITLE: VTD  
 NAME: GLEASMAN, KELLY  
 STREET ADDRESS: 9313 GREEN MEADOWS WAY  
 CITY-ST-ZIP: PALM BEACH GARDENS FL 33418

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

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 CITY-ST-ZIP: [Blank]

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 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

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: *[Signature]* SHARON FLICKSTEIN PSD 5/16/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREATED: 07/26/00