

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000071035**

1. Entity Name

**WIRELESS INFO-TECH, INC.**

Principal Place of Business

Mailing Address

19 WEST FLAGLER STREET SUITE 600  
MIAMI FL 3313019 WEST FLAGLER STREET SUITE 600  
MIAMI FL 33130

2. Principal Place of Business

**8200 W 33 AVE BAYS**

3. Mailing Address

**8200 W 33 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**BAYS****BAYS**

City &amp; State

City &amp; State

**MIAMI, FL****MIAMI, FL**

Zip

Zip

Country

Country

**33016****33016****DADE****DADE**

6. Name and Address of Current Registered Agent

4. FEI Number

**65-1121772**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



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

  
**ANTONIO CIMADEVILLA****09-20-02**

Signature of authorized officer or 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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CIMADEVILLA, ANTONIO 19 WEST FLAGLER STREET SUITE 600 MIAMI FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CIMADEVILLA, ANTONIO 8200 W 33 AVE BAYS MIAMI, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DEDIEGO, JONHECTOR 19 WEST FLAGLER STREET SUITE 600 MIAMI FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DEDIEGO, JONHECTOR 8200 W 33 AVE BAYS MIAMI, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 a power of attorney.

SIGNATURE: X

SIGNATURE

SIGNATURE AND TITLE OF OFFICER OR DIRECTOR

  
**ANTONIO CIMADEVILLA**

Date

Daytime Phone #

**09-20-02****305-362-5177**

CR2E034 (9/01)