2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am DOCUMENT # 303742 **Secretary of State** 1. Entity Name 02-13-2002 90103 009 ***150.00 MOBILE COMMUNICATIONS SERVICE OF MIAMI, INC. Principal Place of Business Mailing Address 9401 NW 106TH ST 9401 NW 106TH ST STE 111 STE 111 MIAMI FL 33178 MIAMI FL 33178 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1117760 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEDROTTY, JOHN F Street Address (P.O. Box Number is Not Acceptable) 1734 W 84 STREET HIALEAH FL 33014 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition TITLE NAME PEDROTTY, JOHN F. NAME CR2E034 STREET ADDRESS STREET ADDRESS 1734 W 84 STREET HIALEAH, FL 00000 33014 CITY-ST-ZIP C'T-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME HARTMAN, PATRICIA NAME STREET ADDRESS STREET ADDRESS 19928 E LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 ☐ Change Addition TITLE ☐ Delete TITLE NAME PEDROTTY, JOHN F NAME STREET ADDRESS STREET ADDRESS 1734 W 84 STREET CITY-ST-ZIP CITY-ST-ZIF HIALEAH, FL 00000 33014 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

John F. Pedrotty

CITY-ST-ZIP

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.

1/24/02

305-882-1664

FILED

Daytime Phone #

(9/01)