

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90001 047 ***558.75

DOCUMENT # 495149

1. Entity Name

WIREMASTERS, INC.

Principal Place of Business

13610 SW 142 AVENUE
 MIAMI FL 33186-0703

Mailing Address

13610 SW 142 AVENUE
 MIAMI FL 33186-0703

2. Principal Place of Business

8800 SW 97 TER.

Suite, Apt. #, etc.

3. Mailing Address

8800 SW 97 TER.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

59-1673373

Applied For

Not Applicable

Zip

33176-2937

Country

USA

Zip

33176-2937

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHILDS, HARRY B. III

13610 SW 142 AVENUE
 MIAMI FL 33186-0703

8800 SW 97 TER
 MIA FL 33176-2937

Name

CHILDS III, HARRY B.

Street Address (P.O. Box Number is Not Acceptable)

City

MIAMI

FL

Zip Code

33176-2937

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

Harry B. Childs III
 Signature typed or printed name of registered agent and, 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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	CHILDS, III HARRY B.	
STREET ADDRESS	8800 SW 97 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176-2937	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHILDS, FAYMA A.	
STREET ADDRESS	8800 SW 97 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HENDRIKSEN, PAMELA	IRE
STREET ADDRESS	17025 SW 160TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CHILDS, CYNTHIA E	BCR
STREET ADDRESS	423 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HALL, JOHN T	BCR
STREET ADDRESS	902 E 40 ST	
CITY-ST-ZIP	HALEAH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HENDRIKSEN, KEITH	BCR
STREET ADDRESS	17025 SW 162 AVE	
CITY-ST-ZIP	MIAMI FL	

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

SIGNATURE:

Harry B. Childs III
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 1st
 Date

Daytime Phone #