

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000278

1. Entity Name

NII COMMUNICATIONS, LTD.

Principal Place of Business

1717 N. LOOP 1604 EAST, STE 250
SAN ANTONIO TX 78232

Mailing Address

1717 N. LOOP 1604 EAST, STE 250
SAN ANTONIO TX 78232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

76-0497293

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount
in FL

A GENERAL PARTNER THAT IS A BUS
NOTE: General Partners MAY NOT be cha

12. GENERAL PARTNER INFORMATION

DOCUMENT # M00000001910
NAME NII COMMUNICATIONS GP, LLC
STREET ADDRESS 1717 N. LOOP 1604 EAST, STE 250
CITY-ST-ZIP SAN ANTONIO TX 78232

\$141.25
on this
document

DATE

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

AND ACTIVE WITH THIS OFFICE.
It be filed to change a general partner.

ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

\$141.25

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-20-02

(210) 403-9100

Date

Daytime Phone #

0020334 AB

CR2E003 (9/01)

START HERE CHECK HERE