

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001002

1. Entity Name

WINSTAR WIRELESS OF FLORIDA, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90102 040 ***150.00

Principal Place of Business

Mailing Address

1577 SPRINGHILL RD
6TH FL
VIENNA VA 22182
US

1577 SPRINGHILL RD
6TH FLOOR
VIENNA VA 22182-2223
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3903568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE STE 200
TALLAHASSEE FL 32301

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.

(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, 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: AS ☐ Delete
NAME: MCLERMON, STEVE
STREET ADDRESS: 1577 SPRINGHILL RD, 6TH FLOOR
CITY-ST-ZIP: VIENNA VA 22182

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: VP ☐ Delete
NAME: MOORE, DANIEL
STREET ADDRESS: 230 PARK AVE #2700
CITY-ST-ZIP: NEW YORK NY 10169

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete
NAME: TIMOTHY GRAHAM
STREET ADDRESS: 230 PARK AVENUE, #2700
CITY-ST-ZIP: NY NY 10169

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete
NAME: DWYER, JOSEPH
STREET ADDRESS: 230 PARK AVENUE, #2700
CITY-ST-ZIP: NEW YORK NY 10169

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: T ☐ Delete
NAME: RUBIN, FREDERICK
STREET ADDRESS: 230 PARK AVE #2700
CITY-ST-ZIP: NEW YORK NY 10169

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: S ☐ Delete
NAME: ZINGHINI, KENNETH
STREET ADDRESS: 230 PARK AVENUE, #2700
CITY-ST-ZIP: NEW YORK NY 10169

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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 of Steven M. Lerner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 703/645-6025
Date Daytime Phone #