

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001185

1. Entity Name

NATIONAL WIRELESS HOLDINGS INC.

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90015 011 ***150.00

Principal Place of Business

SUITE 301
249 ROYAL PALM WAY
PALM BEACH FL 33480

Mailing Address

SUITE 301
249 ROYAL PALM WAY
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-3735316

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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.

(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, 2001 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

TITLE PCEO
NAME CASSIDY, TERRENCE S
STREET ADDRESS 249 ROYAL PALM WAY, SUITE 301
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE S
NAME KARDON, JAMES
STREET ADDRESS 350 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY 10118 ☐ Delete

TITLE V
NAME MATHEWS, TIMOTHY
STREET ADDRESS 233 GARRARD DRIVE
CITY-ST-ZIP RANTOUL IL 61866 ☐ Delete

TITLE CD
NAME SPECCHIO, MICHAEL J
STREET ADDRESS 233 GARRARD DRIVE
CITY-ST-ZIP RANTOUL IL 61866 ☒ Delete

TITLE D
NAME MCMANUS, MICHAEL JR
STREET ADDRESS 241-02 NORTHERN BOULEVARD
CITY-ST-ZIP DOUGLASTOWN NY 11362 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01 212-582-1212
Date Daytime Phone #

0326079

CR2E034 (10/00)