

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001870

1. Entity Name

NEXTEL INTERNATIONAL (SERVICES), LTD., INC.

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

01-19-2000 90251 017 ***150.00

Principal Place of Business

Mailing Address

1191 SECOND AVENUE, SUITE 1600
SEATTLE WA 98101

1191 SECOND AVENUE, SUITE 1600
SEATTLE WA 98101-3439

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10700 Parkridge Blvd

10700 Parkridge Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 600

Suite 600

City & State

City & State

Reston, VA

Reston, VA

Zip

Country

20191

USA

Zip

Country

20191

USA

4. FEI Number

91-1726566

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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)

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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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GRINSTEIN, KEITH D
1191 SECOND AVENUE, SUITE 1600
SEATTLE WA 98101

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
SILIEZAR, BYRON
10700 PARKRIDGE BLVD, SUITE 600
RESTON, VA 20191

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
SILIEZAR, BYRON
1191 SECOND AVENUE, SUITE 1600
SEATTLE WA 98101

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
VINCENT, BRIAN A
10700 PARKRIDGE BLVD, SUITE 600
RESTON, VA 20191

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
VINCENT, BRIAN A
1191 SECOND AVENUE, SUITE 1600
SEATTLE WA 98101

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
VINCENT, BRIAN A
10700 PARKRIDGE BLVD, SUITE 600
RESTON, VA 20191

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
KIANG, HENG-PIN
1191 SECOND AVENUE, SUITE 1600
SEATTLE WA 98101

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
KIANG, HENG-PIN
10700 PARKRIDGE BLVD, SUITE 600
RESTON, VA 20191

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

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

Date

Daytime Phone #

1/6/00

703-3905174

CR2E034 (9/99)