

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000002732**

1. Entity Name

TELECOM WIRELESS CORPORATION**FILED**
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90457 019 ***150.00

Principal Place of Business

Mailing Address

5299 DTC BLVD.
1200
ENGLEWOOD CO 80111
US5299 DTC BLVD.
1200
ENGLEWOOD CO 80111-3333
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5299 DTC Blvd.

3. Mailing Address

5299 DTC Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1120

#1120

City & State

City & State

Englewood, CO

Englewood, CO

Zip

Country

80111

USA

Zip

Country

80111

USA

4. FEI Number

94-3172556

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

FREDRICK, ROBERT L
9015 LAKES BLVD.
WEST PALM BEACH FL 33412

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 State10. 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	CD	<input type="checkbox"/> Delete
NAME	ROBERTS, JAMES C	
STREET ADDRESS	5299 DTC BLVD. #1200	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SMILEY, CALVIN D	
STREET ADDRESS	5299 DTC BLVD. #1200	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ROBERTS, LYNNE K	
STREET ADDRESS	5299 DTC BLVD. #1200	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KOVACHEV, KOSTA S	
STREET ADDRESS	135 OCEAN WAY	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FREDRICK, ROBERT L	
STREET ADDRESS	9015 LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5299 DTC Blvd., #1120	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5299 DTC Blvd., #1120	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5299 DTC Blvd., #1120	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kovachev, Kosta S.	
STREET ADDRESS	135 Ocean Way	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. Stephen Guyer	
STREET ADDRESS	5299 DTC Blvd., #1120	
CITY-ST-ZIP	Englewood, CO 80111	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Esper Gullatt, Jr.	
STREET ADDRESS	5299 DTC Blvd., #1120	
CITY-ST-ZIP	Englewood, CO 80111	

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
Calvin D. Smiley4/27/00
Date303/416.4000
Daytime Phone #

CR2E034 (9/99)