

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000582

1. Entity Name
AH WIRELESS, L.L.C.

FILED

01 MAR 19 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2274 NW 82ND AVE.
MIAMI FL 33122

Mailing Address
2274 NW 82ND AVE.
MIAMI FL 33122



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

AH Wireless, LLC
Suite, Apt. #, etc.
1565 NW 82nd Ave.

City & State
Miami, FL

Zip
33126

Country
USA

3. Mailing Address

AH Wireless, LLC
Suite, Apt. #, etc.
1565 NW 82nd Ave.

City & State
Miami, FL

Zip
33126

Country
USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORST, ALEXANDRE
7601 EAST TREASURY DR. # 1807
NORTH BAY VILLAGE FL 33141

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02/07/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM
NAME HORST, ALEXANDRE
STREET ADDRESS 7601 EAST TRASURY DR. #1807
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141 ☐ Delete

TITLE MGRM
NAME BARNABEI, HENRY
STREET ADDRESS 4130 SAPPHIRE TERRACE
CITY-ST-ZIP WESTON FL 33331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME HORST, ALEXANDRE
STREET ADDRESS 5900 COLLINS AVE. #1402
CITY-ST-ZIP MIAMI BEACH, FL 33140 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400003909364--2
-03/26/01--01089--008
*****55.00 *****55.00

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

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02-07-01

305-594-7161

Date

Daytime Phone #

0008212 AF

CR2E083 (11/00)