

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90236 009 ****50.00

DOCUMENT # L00000000582

1. Entity Name.

AH WIRELESS, L.L.C.



Principal Place of Business

1565 NW 82ND AVE.
MIAMI FL 33126

Mailing Address

1565 NW 82ND AVE.
MIAMI FL 33126

2. Principal Place of Business

7311 NW 12th STREET

3. Mailing Address

7311 NW 12th STREET

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

#4

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

Zip

33126

Country

4. FEI Number

APPLIED FOR

65-0973404

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name BARNABEI, HENRY

Street Address (P.O. Box Number is Not Acceptable)

4094 CINNAMON WAY

City WESTON, FL

Zip Code 33331

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/13/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

TITLE MGRM
NAME HENRY BARNABEI
STREET ADDRESS 4094 CINNAMON WAY
CITY-ST-ZIP WESTON FL 33331 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 REQUIRED

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

Date

Daytime Phone #

01/13/03

(205) 594 7161

CR2E083 (10/02)