

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91463 004 ****50.00

DOCUMENT # L00000007519

1. Entity Name

TELECOM WIRELESS, L.L.C.

Principal Place of Business

C/O ERICK MATHE
 16360 SW 9 ST
 PEMBROKE PINES FL 33027

Mailing Address

C/O ERICK MATHE
 16360 SW 9 ST
 PEMBROKE PINES FL 33027

2. Principal Place of Business

5722 S. Flamingo Rd.

3. Mailing Address

5722 S. Flamingo Rd.

Suite, Apt. #, etc.

#229

Suite, Apt. #, etc.

#229

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33330

Country

USA

Zip

33330

Country

USA

6. Name and Address of Current Registered Agent

COLLETTI, JOSEPH R
 3550 BISCAYNE BLVD
 SUITE 610
 MIAMI FL 33137

7. Name and Address of New Registered Agent

Name
 Dianne Mercer

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

5722 S. Flamingo Road, #229

City

Ft. Lauderdale

FL FL

Zip Code

33330

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]

Dianne Mercer

04-15-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMBRON, ANDREW C/O-ERICK MATHE 16360 SW 9 ST PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5722 S. Flamingo Rd, #229 Ft. Lauderdale FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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] ANDREW B. CAMBRON

4-14-02

828-651-
 9236

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

Date

Daytime Phone #

CR2E083 (9/01)