

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000274

1. Entity Name

ALL WIRELESS SOLUTIONS, LLC

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90195 032 ****50.00

Principal Place of Business

2201 COLLEGE AVENUE
DAVIE FL 33317

Mailing Address

2201 COLLEGE AVENUE
DAVIE FL 33317

000110

2. Principal Place of Business

240 S. UNIVERSITY DR.
Suite, Apt. #, etc.

3. Mailing Address

240 S. UNIVERSITY DR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

05-1065684

Applied For

Not Applicable

Zip

33324

Country

BROWARD

Zip

33324

Country

BROWARD

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KROSS, JONATHAN P ESQ.
2461 WEST HILLSBORO BOULEVARD
DEERFIELD BEACH FL 33442

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

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
ERIC MAURER
7604 LEXINGTON LANE
PARKLAND, FL 33067 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
MURRAY J. MAURER
440 VICTORIA TERR.
FT. LAUDERDALE, FL 33301 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
SCOTT SALOMON
16502 NE 27TH PL.
NO. MIAMI BEACH, FL 33160 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
HOWARD BASSUK
16950 NO. BAY ROAD, #606
SUNNY ISLES BEACH, FL 33160 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/02 954-693-7900

CR2E083 (9/01)