

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/28

FILED
May 19, 2003 8:00 am
Secretary of State

04-28-2003 90091 036 ****50.00

DOCUMENT # **LO1000000274**

1. Entity Name

ALL WIRELESS SOLUTIONS, LLC



Principal Place of Business

**240 S UNIVERSITY DR
PLATON FL 33324**

Mailing Address

**240 S UNIVERSITY DR
PLATON FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1065684**

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

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

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. 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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MAURER, ERIC
7604 LEXINGTON LANE
PARKLAND FL 33087** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER
J. MURRAY MAURER** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MAURER, MURRAY J
440 VICTORIA TERR
FORT LAUDERDALE FL 33301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER
J. MURRAY MAURER** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SALOMON, SCOTT
16502 NE 27TH PL
N MIAMI BCH FL 33160** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER
SCOTT SALOMON
3745 NE 171ST ST. #8
N MIAMI BCH FL 33160** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BASSUK, HOWARD
16950 N BAY RD #606
SUNNY ISLES BCH FL 33160** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER
HOWARD BASSUK** ☒ 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)(l), 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

4/23/03 954 693-7500

Date

Daytime Phone #

CR2E083 (10/02)