

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Oct 03, 2002 8:00 am**  
**Secretary of State**

10-03-2002 90049 006 \*\*\*\*50.00

**DOCUMENT # L01000001226**

1. Entity Name

**SANDS RIVER WIRELESS, LLC**

**FLORIDA BROADBAND, L.L.C.**

Principal Place of Business

Mailing Address

**10800 BISCAYNE BLVD., SUITE 650  
MIAMI FL 33161**

**10800 BISCAYNE BLVD., SUITE 650  
MIAMI FL 33161**

**001451**



DO NOT WRITE IN THIS SPACE

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

**05-1097446**

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

**CORPORATE CREATIONS NETWORK INC.  
941 FOURTH ST. #200  
MIAMI BEACH FL 33139**

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 Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|---------------------------------|--|--|
|  |                                 | <b>CEO / PRESIDENT<br/>DEAN C. LOVETT<br/>124 Clark Ave<br/>Palm Bch. FL 33480</b> |  |
|  |                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |                                 |  | <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 PROVIDED**

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

Date

Daytime Phone #

CR2E083 (4/02)