## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L01000011000** 1. Entity Name

GBLK WIRELESS, LLC



## DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address 245 SE 1 STREET 245 SE 1 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. #328 #328 City & State MIAMI, FL City & State MIAMI, FL Country Country 03 DEC -8 PM 3: 02

THE WAY

DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1118903 Not Applicable <sup>Zip</sup> 33131 Zip 33131 \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent

## DO NOT WRITE IN THIS SPACE

Name LEITE, AFFONSO J

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

245 SE 1 STREET #328

City MIAM

Zip Code 33131

DATE

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

d agent and title if applicable

FEE IS \$50.00

Make Check Payable to Florida Department of State

		DUE BY MAY 1	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(MGRM) LEITE, AFFONSO J 245 SE 1 STREET #328 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000025430800 12/11/0301065016 **50.00
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NAME STREET ADDRESS CITY-ST-ZIP	B	ITUE NAME STREET ADDRESS CITY: ST-ZIP	

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 according 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 receipt of fusion that I am a managing member or manager of the limited liability company or the receipt of fusion that I am a managing member or manager of the limited liability company or the receipt of fusion that I am a managing member or manager of the limited liability company or the receipt of the liability company or the receipt of the limited liability company or the receipt of the liability company or the receipt of t

SIGNATURE

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

## LO 10000 11000

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:



AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF ADDRESS I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY

AFFONSO J LEITE

PRESIDENT