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FILED
Jul 04, 2002 8:00 am
Secretary of State
05-08-2002 90077 037 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014164

1. Entity Name
WEB WIRELESS, LLC

Principal Place of Business	Mailing Address
747 SW 100 COURT CIRCLE MIAMI FL 33174	747 SW 100 COURT CIRCLE MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13206 SW 8 Street Suite, Apt. #, etc.	13206 SW 8 Street Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33184 Country:	Zip: 33184 Country:

4. FEI Number: 65-1142756 ☐ 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
RODRIGUEZ, ALEXANDER 747 SW 100 COURT CIRCLE MIAMI FL 33174	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: X [signature] 4/25/02
Signature of new 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	MGRM Alexander Rodriguez 747 SW 100 court circle Miami FL 33174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Jose Luis Rodriguez 747 SW 100 court circle Miami FL 33174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Ines R Rodriguez 747 SW 100 court circle Miami FL 33174	☐ 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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

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: X [signature] 4/25/02 (305) 220-1944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #