

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000694

1. Entity Name
INTEGRATED WIRELESS COMMUNICATIONS, L.L.C.

FILED

01 JUN -7 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1489 FARRINGTON CIRCLE
HEATHROW FL 32746

Mailing Address
1489 FARRINGTON CIRCLE
HEATHROW FL 32746

801 International Parkway 1421 SHADWELL CIRCLE
Orlando, FL 32746 LAKE HARRY, FL 32746



2. Principal Place of Business

801 International Pkwy
Suite, Apt. #, etc.
5th FL Room 5052

3. Mailing Address

1421 SHADWELL CIRCLE
Suite, Apt. #, etc.
E

DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Lake Mary, FL

4. FEI Number

59-3579473

Applied For

Not Applicable

Zip

32746

Country

USA

Zip

32746

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAILAS, DAWIT G.
1489 FARRINGTON CIRCLE
HEATHROW FL 32746

801 International
Parkway
Orlando, FL 32746

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/2001

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Dawit Hailas
1421 SHADWELL CIRCLE
LAKE MARY, FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000004421260--3
-06/14/01--01126--017

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

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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]

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

4/16/2001 (407) 538-0001

Date

Daytime Phone #

CR2E083 (11/00)