

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000002614****1. Entity Name**
HIGHLAND WIRELESS SERVICES L.L.C.

Principal Place of Business 1113 RUSSELL DRIVE HIGHLAND BEACH FL 33487	Mailing Address 1113 RUSSELL DRIVE HIGHLAND BEACH FL 33487
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2. Principal Place of Business 4400 N. FEDERAL HIGHWAY	3. Mailing Address 4400 N. FEDERAL HIGHWAY
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Suite, Apt. #, etc. SUITE 21009	Suite, Apt. #, etc. SUITE 21009
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City & State BOCA RATON FL	City & State BOCA RATON FL
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Zip 33431	Country	Zip 33431	Country
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4. FEI Number 65-1063218	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324 US

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** _____ **02/09/2001**
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**9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TERMAN DAVID A 1113 RUSSELL DRIVE HIGHLAND BEACH FL 33487	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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:** David A. Terman Pres 02/09/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)