

2000 UNIFORM BUSINESS REPORT (UBR)

pg. 1/2

DOCUMENT # M98000000394

1. Entity Name
OMNIPOINT MIAMI F LICENSE, LLC

FILED

00 SEP 18 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 3 BETHESDA METRO CENTER, SUITE 400, BETHESDA MD 20814
Mailing Address: 3 BETHESDA METRO CENTER, SUITE 400, BETHESDA MD 20814



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3050 131st Ave SE
3. Mailing Address: SAME

Suite, Apt. #, etc.: 200
Suite, Apt. #, etc.:

City & State: Bellevue WA
City & State:
4. FEI Number: 52-2065643
Applied For: Not Applicable

Zip: 98006
Country: KING
Zip:
Country:
5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE FL 32301-2525
7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: SMITH, DOUGLAS G STREET ADDRESS: 3 BETHESDA METRO CENTER, SUITE 400 CITY-ST-ZIP: BETHESDA MD 20814	<input checked="" type="checkbox"/> Delete	TITLE: SOLE MEMBER: NAME: OMNIPOINT MB HOLDINGS, LLC STREET ADDRESS: 3050 131st Ave SE #200 Bellevue WA 98006 CITY-ST-ZIP: Bellevue WA 98006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: PLONSKIER, HARRY STREET ADDRESS: 3 BETHESDA METRO CENTER, SUITE 400 CITY-ST-ZIP: BETHESDA MD 20814	<input checked="" type="checkbox"/> Delete	TITLE: SEE ATTACHED FOR OFFICERS LIST NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: 300003399193--3 NAME: STREET ADDRESS: CITY-ST-ZIP: -09/20/00--01022--013 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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: LEE A. TOSTEVIN 8-11-00 425.653.5019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

