

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

1

WS1454  
A-

DOCUMENT # M98000000395

1. Entity Name

OMNIPOINT MIAMI E LICENSE, LLC

01 JAN 30 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

12920 S.E. 38TH ST.  
BELLEVUE WA 98006

Mailing Address

12920 S.E. 38TH ST.  
BELLEVUE WA 98006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2065642

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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, 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

10. ADDITIONS/CHANGES

TITLE NAME MGRM STANTON, JOHN W ☐ Delete  
STREET ADDRESS 3650 131ST AVE SE, STE. 200  
CITY-ST-ZIP BELLEVUE WA 98006

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

TITLE NAME MGRM GUTHRIE, DONALD ☐ Delete  
STREET ADDRESS 3650 131ST AVE SE, STE. 200  
CITY-ST-ZIP BELLEVUE WA 98006

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

TITLE NAME MGRM STAPLETON, ROBERT R ☐ Delete  
STREET ADDRESS 3650 131ST AVE SE, STE. 200  
CITY-ST-ZIP BELLEVUE WA 98006

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 600003601236--1  
CITY-ST-ZIP

TITLE NAME MGRM BAUMBAUGH, CREGG B ☐ Delete  
STREET ADDRESS 3650 131ST AVE SE, STE. 200  
CITY-ST-ZIP BELLEVUE WA 98006

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

TITLE NAME MGRM BENDER, ALAN R ☐ Delete  
STREET ADDRESS 3650 131ST AVE SE, STE. 200  
CITY-ST-ZIP BELLEVUE WA 98006

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

TITLE NAME MGRM DOTSON, ROBERT P ☐ Delete  
STREET ADDRESS 3650 131ST AVE SE, STE. 200  
CITY-ST-ZIP BELLEVUE WA 98006

TITLE NAME ☐ Change ☐ Addition  
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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Lee A. Tostevin

Authorized Representative 1/26/01 (425)378-4000

CR2E083 (11/00)

2



ACCOUNT NO. : 072100000032

REFERENCE : 982165 7156704

AUTHORIZATION

COST LIMIT : \$ 50.00

*Patricia Pignatelli*

ORDER DATE : January 29, 2001

ORDER TIME : 9:56 AM

ORDER NO. : 982165-025

CUSTOMER NO: 7156704

CUSTOMER: Ms. Cherie Scott  
Voicestream Wireless  
12920 Se 38th Street

Bellevue, WA 98006

ANNUAL REPORT FILING

NAME: OMNIPOINT MIAMI E LICENSE, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS- Ext. 1133

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
JAN 30 AM 10:36  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA