2,001 UNIFORM BUSINESS REPORT (UBR)							
DOCUMENT # P000000 4992 1. Entity Name							J
B & C WIRELESS TECHNOLOGIES, INC					FILED		
Principal Place of Business Mailing Address					01 MAY -2 PM 1:53		
1525 NoreFederal Hwy 1525 N.Federal Hw FT. LAUDERDALE, FL 33304 FT.LAUDERDALE, FL					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal 762	Place of Business	3. Mailing Address	1255				
Suite, Apt	3	Suite, Apt #, etc.			DO NOT WE	RITE IN THIS SPACE	
City & Sta	AMI FL	Pity & State	۷,	i i	FEI Number 65-0973426	├	Applied For Not Applicable
331	22 Country	33122	Country	- 1	Certificate of Status Desired	□ \$8.75 Ac	
	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New	Registered Agent	
			Name	Inc	OSE M. VEGA		
SPIEGEL & UTRERA, PA Street Address (P					O Box Number is Hot Acceptable		
343 ALMERIA AVENUE					SELAV	2	
CORAL GABLES, FL 333134					6		
City M'inni FL 253131							
8. The above named entity sybmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE SIGNATURE (NOTE PROJECTION AND CONTROL OF STREET S-1-0)							
Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
9. This corporation is eligible to attisfy its Intangible Tax filling requirement and sects to do so. After MAY 1, 2001; Fee will be \$550.00							
	requirement and grects to do so.	Make Check Payable			Trust Fund Contribut		d to Fees
11.	OFFICERS AND D	A STATE OF THE PROPERTY OF THE PROPERTY OF	12.	A MICE - Alies	3) ODITIONS/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 11
TITLE	I * .	Delete	TITLE			Change	
NAME	PSD	•	NAME	, ·	9000004	136649	94 (≧
STREET ADDRESS	ZUCKERMAN, BERNAI	RD	STREET ADDRESS	1	-05/0	4/0101065-	
CITY-ST-ZIP	1525 N.FEDERAL HWY				****	150.00 ****	150.00 R.Z.
TITLE	FT.LAUDERDALE, F	L 33 <u>3</u> 9,4,	TITLE			☐ Change	☐ Addition 1 🖁
NAME			NAME	1 - L	- , , , , , , , , , , , , , , , , , , ,	-	,
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS City-St-Zip				
TITLE	VTD		TITLE			☐ Change	Addition
NAME	SHERLAND, CONRAD	☐ Delete	NAME				
STREET ADDRESS	1525 N.FEERAL HWY	7	STREET ADDRESS				:
CITY-ST-ZIP	FT LAUDERDALE, FI	33304	CITY-ST-ZIP				<u>.</u>
TITLE		Delete	TITLE	PD	05-BOLLER,	△	Addition
NAME CIDECT ADDRESS	·			CAME	1 SW 103	TNUKES	1
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	MIAN			i
IIILE		☐ Delete		50	11 76. 271	Change	Addition
NAME		<u></u>		ÉSCA	URITA GLA	SRTOV.	
STREET ADDRESS			STREET ADDRESS	1029	COLLINS A	JE # 1110_	
CITY+ST-ZiP			CITY-ST-ZIP	MIA	Mi BEACH -	FL. 33154	
TITLE Name		Delete:	TITLE NAME		")	☐ Change	Addition
STREET ADDRESS		•	STREET ADDRESS	3 : 12	'	•	
CITY-ST-ZIP			CITY-ST-ZIP		*		i
13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this second or supplied with this filling does not qualify for the exemptions stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this second or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this second or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this second or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i).							
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver by trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an aduptes, with all other like empowered.							
			Inos (N 14 0-	Raycolin	- 100 G	هردي رود
SIGNATURE: MINISTER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Distance Price &							