

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90397 013 ***150.00

DOCUMENT # P00000004992

1. Entity Name
B & C WIRELESS TECHNOLOGIES, INC.

Principal Place of Business

7620 NW 25 ST
#3
MIAMI FL 33122

Mailing Address

7620 NW 25 ST
#3
MIAMI FL 33122

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0973426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VEGA, JOSE M
25 SE 2 AVE
410
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
ADOLFO IGLESIAS

Street Address (P.O. Box Number is Not Acceptable)
13501 SW 128th Street, #208

City
Miami

FL

Zip Code
33186

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME CAMPOS-BOLLER, ANDRES
STREET ADDRESS 12701 SW 103 CT
CITY-ST-ZIP MIAMI FL 33176

TITLE VTD ☐ Delete
NAME SHERLAND, CONRAD
STREET ADDRESS 1525 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE SD ☒ Delete
NAME ESCARIZA, GILBERTOV
STREET ADDRESS 10295 COUINS AVE #1110
CITY-ST-ZIP MIAMI BEACH FL 33154

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PVTSD ☒ Change ☐ Addition
NAME SHERLAND, CONRAD
STREET ADDRESS 1525 North Federal Highway
CITY-ST-ZIP Ft. Lauderdale, FL 33304

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

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

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

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

13. 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 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 or trustee 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 address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)