

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010044

1. Entity Name

GLOBAL WIRELESS COMMUNICATIONS CORP.

Principal Place of Business

9248 S.W. 36TH STREET
MIAMI FL 33155

Mailing Address

9248 S.W. 36TH STREET
MIAMI FL 33155

2. Principal Place of Business

11400 S.W. 88 STREET

3. Mailing Address

11400 S.W. 88 ST

Suite, Apt. #, etc.

SUITE # 114

Suite, Apt. #, etc.

SUITE # 114

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0990240

Applied For

Not Applicable

Zip

Country

33176 U.S.A.

Zip

Country

33176 U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROS, ANA L
6556 SW 35TH STREET
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name Lamont & Neiman P.A.

Street Address (P.O. Box Number is Not Acceptable)
ONE BISCAINE TOWER, SUITE 3550
TWO SOUTH BISCAINE BOULEVARD

City Miami

FL

Zip Code 33131

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 *Lamont & Neiman, P.A.*
Robert S. Lamont, President

4/25/2001

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, 2001 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 NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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 #

04/23/2001 305-273-5652

CR2E034 (10/00)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90128 028 ***150.00

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DO NOT WRITE IN THIS SPACE