

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014879

1. Entity Name

WIRELESS TECHNOLOGIES GROUP, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90074 006 ***158.75

UUU40UJJ



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 11212
POMPAÑO BEACH FL 33060

Mailing Address

P.O. BOX 11212
POMPAÑO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2216419

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

Name

Amy A. Doner

Street Address (P.O. Box Number is Not Acceptable)

2637 E. ATLANTIC BLVD.

Suite 178

City

Pompano Beach

FL

Zip Code

33062

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

Amy A. Doner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DONER, AMY A
911 SE 5TH AVENUE
POMPAÑO BEACH FL 33060 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Doner, Amy A
2637 E. ATLANTIC BLVD
Pompano, FL 33062 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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:

Amy A. Doner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-01

7542403580

CR2E034 (10/00)