

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90066 027 \*\*\*158.75

**DOCUMENT # P00000026754**



1. Entity Name  
**WIRELESS 1 OF SOUTH FLORIDA, INC.**

Principal Place of Business  
**633 E ATLANTIC BLVD  
POMPANO BEACH FL 33060**

Mailing Address  
**221 NE 13 ST  
POMPANO BEACH FL 33060**



2. Principal Place of Business

3. Mailing Address

**633 E Atlantic Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Pompano Beach, FL**

Zip

Country

**33060**

Country

4. FEI Number **65-0990571**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANDIS, JUDITH A**

**221 NE 13 ST**

**POMPANO BEACH FL 33060**

Name **Vincent Armeli**

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

**633 E Atlantic Blvd**

City **Pompano Beach**

**FL**

Zip **33060**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Vincent Armeli - V.P**

**3/4/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May-1, 2003-Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **LANDIS, JUDITH A**  
STREET ADDRESS **2200 NE 48 ST**  
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

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

TITLE **VP** ☐ Delete  
NAME **ARMELI, VINCENT**  
STREET ADDRESS **2350 W OAKLAND PARK BLVD.**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

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

TITLE **S** ☐ Delete  
NAME **SHELTON, JULIE**  
STREET ADDRESS **8603 RYOTE RD.**  
CITY-ST-ZIP **LAKE IN THE HILLS IL 60102**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 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 (10/02)