2001 UNIFORM BUSINESS REPORT (UBR)

May 07, 2001 8:00 am DOCUMENT # P0000037127 Secretary of State GATEWAY WIRELESS COMMUNICATIONS. INC. 05-07-2001 90011 002 ***150.00 Mailing Address Principal Place of Business 10687 LAKE OAK WAY 10687 LAKE OAK WAY BOCA RATON FL 33498 **BOCA RATON FL 33498** 3. Mailing Address 2. Principal Place of Business CONGRESS AVE CONGRESS AVE 3600 3600 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE SLEETE M 4. FEI Number 65-0999140 City & State BO THE ON City & State BOYNTON Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **PSTD** Change ☐ Addition TITLE Delete TITLE WITCHER, STEPHEN W NAME NAME STREET ADDRESS 10687 LAKE OAK WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-76 CITY-ST-ZIF ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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. terenW- Witcher 04-27-01