## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Apr 18, 2002 8:00 am Secretary of State P00000064675 DOCUMENT # 1. Entity Name 04-18-2002 90379 018 \*\*\*150.00 MDX WIRELESS INC. Principal Place of Business Mailing Address 1336 S MILITARY TRAIL 1336 S MILITARY TRAIL SUITE H SUITE H WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-2252276 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name " VALDEZ, ALEJO Street Address (P.O. Box Number is Not Acceptable) 18408 VIA DI REGINA **BOCA RATON FL 33496** City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This condation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criterja on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD TILE Addition TITLE □ Delete Change . valdez, alejo NAME NAME 18408 VIA DI REGINA STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP CITY-ST-ZIP VΡ ☐ Addition ☐ Delete TITLE TITLE ☐ Change VALDEZ, MICHELE NAME NAME 18408 VIA DI REGINA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete VALDEZ, NICOL NAME NAME 18408 VIA DI REGINA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-7IP Delete TITLE Change ☐ Addition TITLE VALDEZ, NATALI NAME NAME 18408 VIA DI REGINA STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the received 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

ALEJO VALDEZ

like empowered

of the corporation or the recichanged, or on an attachme

SIGNATURE:

FILED