Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

with all other like empowered.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P0000066341 1. Entity Name U.S. WIRELESS SERVICES INC. 04-28-2001 90059 016 ***150.00 Mailing Address Principal Place of Business 108 DUNWOODY LANE 108 DUNWOODY LANE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Placenof Business 374/ XUNNY ISLES BLVD 3. Mailing Address SAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 101 Applied For City & State City & State 4. FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VICK. GREGORY S 108 DUNWOODY LANE HOLLYWOOD FL 33021 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent SIGNATURE 1 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re FILE NOW!!! FEE IS \$150.00 9. This corporation 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, 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 12. 11. OFFICERS AND DIRECTORS CR2E034 (10/00) PRESIDENT Change (Addition Delete TITLE TITLE ELLERY VICK 3741 SUNNY ISLES BLVD 6101 NAME NAME STREET ADDRESS STREET ADDRESS IORTH MIAMI BEACH, FL 33160 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE MARKE 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-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition 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-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 truly 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