

FILED

Sep 17, 2001 8:00 am
Secretary of State

07-31-2001 90242 009 ***150.00

7/3

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073129

1. Entity Name
I WIRELESS, INC.

Principal Place of Business
400 N.E. 48TH STREET
LIGHTHOUSE POINT FL 33064

Mailing Address
2600 N.E. 48TH STREET
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business
2050 N. Andrews Ave Ext.

3. Mailing Address
2050 N. Andrews Ave Ext.

Suite, Apt. #, etc.
Suite #109

Suite, Apt. #, etc.
Suite #109

City & State
Pompano Beach FL

City & State
Pompano Beach FL

Zip
33069

Country
Broward

Zip
33069

Country
Broward

4. FEI Number
651029411

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHWARTZ, DAVID A ESQ.
8181 WEST BROWARD BOULEVARD
SUITE 204
PLANTATION FL 33324

I Wireless Inc.
2050 N. Andrews Ave Ext.
Suite #109
Pompano Beach FL 33069

7. Name and Address of New Registered Agent

IRRA HOROWITZ
2600 N.E. 48TH ST
LIGHTHOUSE POINT FL 33069

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: *Ira Horowitz*
Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when re-registering)

7/26/01
DATE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
President	Ira Horowitz	2600 N.E. 48th Street	Lighthouse Point FL 33064	☐
				☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: *Ira Horowitz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/01 954-973-2992
Date Daytime Phone #

Please Make Registered Agent
Ira Horowitz
2600 N.E. 48th ST
Lighthouse Point FL 33069

CR2E034 (5/01)