

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076217

1. Entity Name

WIRELESS TELECOM GROUP OF TAMPA, INC.

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90099 018 \*\*\*150.00

Principal Place of Business

Mailing Address

~~601 NW 170TH AVE, SUITE 104~~  
~~PEMBROKE PINES FL 33029~~

~~601 NW 170TH AVE, SUITE 104~~  
~~PEMBROKE PINES FL 33029~~

C0006383



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10049 N. DALE MA BRY  
Suite, Apt. #, etc.

3. Mailing Address

12295 S. DIXIE HWY  
Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-102 9385

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ALEXANDER, CARW~~  
~~601 NW 170TH AVE, SUITE 104~~  
~~PEMBROKE PINES FL 33029~~

7. Name and Address of New Registered Agent

Name: LOPEZ, CARLOS  
Street Address (P.O. Box Number is Not Acceptable)

42 SW 134 CT

City MIAMI

FL

Zip Code 33184

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

(NOTE: Registered Agent signature required when reinstating)

1/9/01  
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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	PSD	<input type="checkbox"/> Delete
NAME	ZABIELINSKY, ALAN	
STREET ADDRESS	18495 S DIXIE HWY, PMB 315	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	LOPEZ, CARLOS E	
STREET ADDRESS	42 SW 134TH CT	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	<del>ALEXANDER, CARW</del>	<input type="checkbox"/> Delete
NAME	<del>601 NW 170TH AVE, SUITE 104</del>	
STREET ADDRESS	<del>PEMBROKE PINES FL 33029</del>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0115052