

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90175 037 \*\*\*150.00

DOCUMENT # **P 00000098790**

1. Entity Name

**We Connect Wireless, Inc.**

*NIC  
FLD  
112/10/01  
HAM*

Principal Place of Business

**8351 SW 36 St.  
Miami, FL 33155**

Mailing Address

**8351 SW 36 St.  
Miami, FL 33155**

2. Principal Place of Business

**5521 SW 8 Street**

3. Mailing Address

**5521 SW 8 Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

**Miami, FL**

4. FEI Number

**65-1047550**

Applied For

Not Applicable

Zip

**33134**

Country

**USA**

Zip

**33134**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

6. Name and Address of Current Registered Agent

**Fernandez, Damian  
8351 SW 36 St.  
Miami, FL 33155**

7. Name and Address of New Registered Agent

Name **Fernandez, Damian**  
 Street Address (P.O. Box Number is Not Acceptable) **5521 SW 8 Street**  
 City **Miami** FL Zip Code **33134**

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]*

**Damian Fernandez**

**2/13/01**

(Signature, typed or printed name of registered agent and not applicable)

(NOTE: Registered Agent signature required when reinstating)

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 **PO** NAME **Fernandez, Damian** ☐ Delete  
 STREET ADDRESS **8351 SW 36 St.**  
 CITY-ST-ZIP **Miami, FL 33155**

TITLE **VP** NAME **Soto, Shirley** ☐ Delete  
 STREET ADDRESS **8351 SW 36 St.**  
 CITY-ST-ZIP **Miami, FL 33155**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PO** NAME **Fernandez, Damian** ☒ Change ☐ Addition  
 STREET ADDRESS **5521 SW 8 St.**  
 CITY-ST-ZIP **Miami, FL 33134**

TITLE **VP** NAME **Soto, Shirley** ☒ Change ☐ Addition  
 STREET ADDRESS **5521 SW 8 St.**  
 CITY-ST-ZIP **Miami, FL 33134**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Damian Fernandez**  
**President**

Date

**2/13/01**

Daytime Phone #

**305-267-8889**

CR2E034 (11/00)