

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 00000 106271**

1. Entity Name

One Tel Wireless, Inc.

Principal Place of Business

**18481 Miramar Parkway
Miramar, FL 33029**

Mailing Address

**18481 Miramar Parkway
Miramar, FL
33029**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE Number

65-1053105

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**Rodriguez, Cesar
18481 Miramar Parkway
Miramar, FL 33029**

7. Name and Address of New Registered Agent

Name **Rodriguez, Daniel**
Street Address (P.O. Box Number is Not Acceptable)
18481 Miramar Parkway
City **Miramar** FL Zip Code **33029**

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

Daniel Rodriguez

DATE

7/24/01

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 **PD** NAME **Rodriguez, Cesar** ☒ Delete
STREET ADDRESS **18481 Miramar Parkway**
CITY-ST-ZIP **Miramar, FL 33029**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** NAME **Rodriguez, Daniel** ☐ Change ☒ Addition
STREET ADDRESS **18481 Miramar Parkway**
CITY-ST-ZIP **Miramar, FL 33029**

TITLE **D** NAME **Hernandez, Rene L.** ☐ Change ☒ Addition
STREET ADDRESS **18481 Miramar Parkway**
CITY-ST-ZIP **Miramar, FL 33029**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS **800004594628--4**
CITY-ST-ZIP **-09/17/01--01120--022**
*******61.25 *****61.25**

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

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

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

TITLE NAME ☐ Change ☐ Addition
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

Daniel Rodriguez **7/24/01**

441-9055

Amended
FILED

01 SEP -6 PM 2:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)