

6/22/

FILED
Aug 16, 2001 8:00 am
Secretary of State

06-22-2001 90068 004 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 000000109504

1. Entity Name
 All Wireless System and Services Inc.

Principal Place of Business Mailing Address

8522 NW 66 ST
 Miami, FL 33166

2. Principal Place of Business

8522 NW 66 ST

Suite, Apt. #, etc.

3. Mailing Address

8522 NW 66 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FLCity & State
Miami, FL4. FEI Number
65-1057606Applied For
Not ApplicableZip
33166

Country

Zip
33166

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Juan Cook
 10901 SW 88 ST.
 Miami, FL 33176

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Juan Cook
 6/18/01

(NOTE: Registered Agent signature required when reinstating)

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 \$5.00 May Be
 Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 President
 10901 SW 88 ST Miami, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 President
 10901 SW 88 ST Miami, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
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:

Juan Cook
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/01 305-7176701
 Date Dertine Phone

CR2ED34 (11/00)