FILED

2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State P01000002044 DOCUMENT # 1. Entity Name 04-11-2002 90050 002 ***150.00 WIRELESS PHONE CENTER, INC. Principal Place of Business Mailing Address 1225 WEST 35TH ST 1225 WEST 35TH ST #24-A #24-A HIALEAH FL 33012-4872 HIALEAH FL 33012-4872 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. . DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-1066216 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OSÒRIO, JUAN C Street Address (P.O. Box Number is Not Acceptable) 1225 WEST 35TH ST #24-A HIALEAH FL 33012-4872 City Zip Code 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. f , Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 . 🖸 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) TITLE ☐ Delete TITLE ☐ Addition AMAYA, ENRIQUE E NAME NAME CR2E034 STREET ADDRESS 1225 WEST 35TH ST. #24-A STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012-4872 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME OSORIO, JUAN C NAME STREET ADDRESS STREET ADDRESS 1225 WEST 35TH ST. #24-A CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012-4872 TITLE -- □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

04-06-2002

Date