

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90482 018 ***150.00

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DOCUMENT # P01000010342

1. Entity Name
WIRELESS WONDERS, INC.

Principal Place of Business
**17940 NORTH MILITARY TRAIL
 SUITE 500
 BOCA RATON FL 33496**

Mailing Address
**17940 NORTH MILITARY TRAIL
 SUITE 500
 BOCA RATON FL 33496**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2115 S. OCEAN BLVD** 3. Mailing Address **2115 S. OCEAN BLVD**

Suite, Apt. #, etc.
SUITE 6

Suite, Apt. #, etc.
SUITE 6

City & State
DELRAY BCH, FL

City & State
DELRAY BCH, FL

4. FEI Number **65-1072483** 240212 Applied For
 Not Applicable

Zip **33483** Country **USA**

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **ALLEN ISROW**
 Street Address (P.O. Box Number is Not Acceptable) **2115 S. OCEAN BLVD #6**
 City **DELRAY BCH** FL **33483**

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 **Allen N. Isrow**

Signature, typed or printed name of registered agent and title if 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ISROW, ALLEN N 17940 NORTH MILITARY TRAIL BOCA RATON FL 33496	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Allen N. Isrow**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

4/8/03 (561) 995-2299