

FILED

Apr 23, 2002 8:00 am  
Secretary of State

03-25-2002 90114 006 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000013936

1. Entity Name

WIRELESS WEB ACCESS, INC.

Principal Place of Business

1241 NW 159 LANE  
PEMBROKE PINES FL 33028-1630

Mailing Address

1241 NW 159 LANE  
PEMBROKE PINES FL 33028-1630

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

911 N.W. 209th Ave

Suite, Apt. #, etc.

# 116

City &amp; State

Pembroke Pines, FL

Zip

33029

Country

3. Mailing Address

911 N.W. 209th Ave

Suite, Apt. #, etc.

# 116

City &amp; State

Pembroke Pines, FL

Zip

33029

Country

4. FEI Number

65-1080488

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SLOAN, ROBERT

1241 NW 159 LANE

PEMBROKE PINES FL 33028-1630

7. Name and Address of New Registered Agent

Name

Sloan, Robert

Street Address (P.O. Box Number is Not Acceptable)

911 N.W. 209th Ave #116

City

Pembroke Pines

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

Robert K. Sloan

01/31/2002

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 State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11.

OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SLOAN, ROBERT	
STREET ADDRESS	1241 NW 159 LANE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028-1630	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sloan, Robert	
STREET ADDRESS	911 N.W. 209th Ave #116	
CITY-ST-ZIP	Pembroke Pines, FL 33029	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/01)