

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91328 018 \*\*\*150.00

DOCUMENT # P01000038879

1. Entity Name

LK TRUST WIRELESS CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2826 N.W. 72 Ave

3. Mailing Address

471 N.W. 82 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. # 703

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33122

Country

Zip

33126

Country

4. FEI Number

65-1095568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

BARRERA, LUIS EDUARDO

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

471 N.W. 82 Ave. Apt. # 703

City

MIAMI

FL

Zip Code

33126

**DO NOT WRITE  
IN THIS SPACE**

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

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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD

BARRERA, LUIS EDUARDO

471 N.W. 82 Ave. Apt. # 703

MIAMI, FL. 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPD

FLORES, KATIA E.

471 N.W. 82 Ave. Apt. # 703

MIAMI, FL. 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02

305-519-9059

Date

Daytime Phone #

CR2E034B (12/01)