

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90206 011 ***150.00

DOCUMENT # P01000047621

1. Entity Name
WIRELESS SOURCE, INC.

Principal Place of Business
20281 E COUNTRY CLUB DR APT #1107
AVENTURA FL 33180

Mailing Address
20281 E COUNTRY CLUB DR APT #1107
AVENTURA FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8001 NW 36TH STREET

3. Mailing Address
8001 NW 36TH STREET

Suite, Apt. #, etc.
SUITE 104

Suite, Apt. #, etc.
SUITE 104

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33166

Country

Zip
33166

Country

4. FEI Number
65-1102748

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ZIGHELBOIM, LIA
20281 E COUNTRY CLUB DR APT #1107
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name **RONNY ACKERMAN**
 Street Address (P.O. Box Number is Not Acceptable)
60 SOBEL GLACKMAN, SOBEL P.A.
12000 BISCAYNE BLVD #402
 City **NORTH MIAMI** FL Zip Code **33181**

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 **- Ronny Ackerman**
 (NOTE: Registered Agent signature required when reinstating)

DATE **1/22/02**

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **ZIGHELBOIM, LIA**
 STREET ADDRESS **20281 E COUNTRY CLUB DR APT #1107**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
 NAME **LIA FISHER**
 STREET ADDRESS **20281 E COUNTRY CLUB DR APT #1107**
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **- Lia Fischer, Pres** **1/22/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)