

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90168 011 \*\*\*150.00

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**DOCUMENT # P01000056277**

1. Entity Name  
**WIRELESS POINT, INC.**



Principal Place of Business  
**6866 NW 20 AVENUE  
FORT LAUDERDALE FL 33309**

Mailing Address  
**6866 NW 20 AVENUE  
FORT LAUDERDALE FL 33309**

2. Principal Place of Business  
**10389 ROYAL PALM BLVD**

3. Mailing Address  
**10389 ROYAL PALM BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**CORAL SPRINGS, FL**

City & State  
**CORAL SPRINGS FL**

Zip  
**33065**

Country  
**USA**

Zip  
**33065**

Country  
**USA**

4. FEI Number  
**65-1109513**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAMAL, ZEESHAN  
10906 NW 41ST DRIVE  
CORAL SPRINGS FL 33065**

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
KAMAL, ZEESHAN  
10906 NW 41ST DRIVE  
CORAL SPRINGS FL 33065** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
KAMAL, HINA N  
10906 NW 41ST DRIVE  
CORAL SPRINGS FL 33065** ☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 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

**ZEESHAN KAMAL**

**Jan. 8.03**

**(954) 304-3373**

Date

Daytime Phone #

CF2E034 (10/02)