

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90034 015 ***150.00

DOCUMENT # P01000056941

1. Entity Name

Wireless Evolution, Inc ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3132 NW 72 AVE

Suite, Apt. #, etc.

3. Mailing Address

3132 NW 72 AVE

Suite, Apt. #, etc.

City & State
Miami, FL.

City & State
Miami, FL.

4. FEI Number

65-1111004

Applied For

Not Applicable

Zip
33122

Country
U.S.A.

Zip
33122

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporate Creations Network, Inc.

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

941 Fourth Street #200

City

Miami Beach

FL

33139

**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)

04/25/02.

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
Jose J. Llinas - Director
3132 NW 72 AVE
Miami, FL. 33122

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(f), 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

04/25/02

DATE

(305) 513-0042

Daytime Phone #

CR2E034B (12/01)