

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91877 033 ***150.00

DOCUMENT # P01000065475

1. Entity Name

NATION WIRELESS, INC.



Principal Place of Business

6884 W FLAGLER STREET
MIAMI FL 33126

Mailing Address

6884 W FLAGLER STREET
MIAMI FL 33126

2. Principal Place of Business

6884 W Flagler Street

Suite, Apt. #, etc.

3. Mailing Address

6884 W Flagler Street

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-117470

Applied For

Not Applicable

Zip

33144

Country

None

Zip

33144

Country

None

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

RODRIGUEZ, MIGUEL

6884 W FLAGLER STREET
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name Rodriguez, Miguel

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

6884 W Flagler Street

City Miami

FL

Zip Code 33144

9. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/03/03

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

TITLE PD
NAME RODRIGUEZ, MIGUEL
STREET ADDRESS 6884 W FLAGLER STREET
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE SD
NAME RODRIGUEZ, GRACIELA
STREET ADDRESS 6884 W FLAGLER STREET
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD - VP
NAME
STREET ADDRESS 6884 W Flagler Street
CITY-ST-ZIP Miami FL 33144 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 6884 W Flagler Street
CITY-ST-ZIP Miami FL 33144 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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 a signature with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/03 (35)260-2111

Date

Daytime Phone

CR2E034 (10/02)