

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90011 048 \*\*\*150.00

0186261 AV

**DOCUMENT # P01000068637**

1. Entity Name

**SSSWIRELESS CORPORATION**

Principal Place of Business

**9387 SOUTH BELFORT CIRCLE  
 BUILDING R3  
 TAMARAC FL 33321**

Mailing Address

**POST OFFICE BOX 5221  
 LIGHTHOUSE POINT FL 33321**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 100106**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FORT - LAUDERDALE**

Zip

Country

Zip

Country

**33310**

**USA**

4. FEI Number

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

**SPIEGEL & UTRERA, P.A.  
 1840 SOUTHWEST 22 STREET  
 4TH FLOOR  
 MIAMI FL 33145**

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.

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)

**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  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete  
 NAME **D'JOUBNER, J. PIERRE**  
 STREET ADDRESS **9387 SOUTH BELFORT CIRCLE BUILDING R3**  
 CITY-ST-ZIP **TAMARAC FL 33321**

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

TITLE **VSTD** ☐ Delete  
 NAME **JAYATILLEKE, TAMARA J**  
 STREET ADDRESS **9387 SOUTH BELFORT CIRCLE BUILDING R3**  
 CITY-ST-ZIP **TAMARAC FL 33321**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

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 an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/02**

Date

**2645223**

Daytime Phone #

CR2E034 (9/01)