

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000068637

1. Entity Name
SSSWIRELESS CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2003 FEB 24 AM 11:30

Principal Place of Business
9387 SOUTH BELFORT CIRCLE
BUILDING R3
TAMARAC FL 33321

Mailing Address
PO BOX 100106
FORT LAUDERDALE FL 33310



2. Principal Place of Business

3. Mailing Address

7154 N. UNIVERSITY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

142

City & State

City & State

TAMARAC, FLORIDA

Zip

Country

Zip

Country

33321

BROWARD

4. FEI Number NOT APPLICABLE

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 RICHARD BREIT

Street Address (P.O. Box Number is Not Acceptable)
150 North University Dr.

Suite 200

City Plantation

FL

Zip Code 33324

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

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

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

TITLE VTD
NAME TAMARA J. JAYATILLEKE
STREET ADDRESS 7154 N. UNIVERSITY DR. #142
CITY-ST-ZIP TAMARAC, FLORIDA 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME Rick Romero
STREET ADDRESS 7154 N. UNIVERSITY DR. #142
CITY-ST-ZIP TAMARAC, FLORIDA 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME LALINDRA JAYATILLEKE
STREET ADDRESS 7154 N. UNIVERSITY DR. #142
CITY-ST-ZIP TAMARAC, FLORIDA 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE EVD
NAME MARTINE CADET
STREET ADDRESS 7154 N. UNIVERSITY DR. #142
CITY-ST-ZIP TAMARAC, FLORIDA 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CHAIRMAN/DIRECTOR
NAME RICHARD BREIT
STREET ADDRESS 150 N. UNIVERSITY DR. #200
CITY-ST-ZIP PLANTATION, FLORIDA 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2/21/03

954 588 1326

CR20234 1/10/02