9/30/2002-90177-011-$550.00-$550.00

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
02 OCT 17 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000071035

1. Entity Name
WIRELESS INFO-TECH, INC.

Principal Place of Business
19 WEST FLAGLER STREET SUITE 600
MIAMI FL 33130

Mailing Address
19 WEST FLAGLER STREET SUITE 600
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8200 W 33 AVE BAYS	8200 W 33 AVE
Suite, Apt. #, etc. BAY 5	Suite, Apt. #, etc. BAY 5
City & State HIALEAH, FL	City & State HIALEAH FL
Zip 33016 Country DADE	Zip 33016 Country DADE

4. FEI Number 65-1121772 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ENRIQUEZ, STEPHEN C
TURNER & ASSOCIATES CPAS
19 WEST FLAGLER STREET SUITE 600
MIAMI FL 33130

7. Name and Address of New Registered Agent

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 ANTONIO CIMADEVILLA 09-20-02
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 NAME STREET ADDRESS CITY-ST-ZIP	PTD ☐ Delete CIMADEVILLA, ANTONIO 19 WEST FLAGLER STREET SUITE 600 MIAMI FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ☒ Change ☐ Addition CIMADEVILLA, ANTONIO 8200 W 33 AVE BAY 5 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ☐ Delete DEDIEGO, JONHECTOR 19 WEST FLAGLER STREET SUITE 600 MIAMI FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ☒ Change ☐ Addition DEDIEGO, JONHECTOR 8200 W 33 AVE BAY 5 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 all other like empowered.

SIGNATURE: X ANTONIO CIMADEVILLA X 09-20-02 305-362-5177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #