

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90007 023 \*\*\*150.00

**DOCUMENT # P01000104660**

**1. Entity Name**  
**WIRELESS DISTRIBUTORS, INC.**

**Principal Place of Business**

**6420 NW 5TH WAY**  
**FT LAUDERDALE FL 33309**

**Mailing Address**

**6420 NW 5TH WAY**  
**FT LAUDERDALE FL 33309**

**2. Principal Place of Business**

**6420 NW 5 WAY**

**3. Mailing Address**

**6420 NW 5 WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**FT LAUDERDALE, FL**

**City & State**

**FT LAUDERDALE, FL**

**Zip**

**33309**

**Country**

**USA**

**Zip**

**33309**

**Country**

**USA**

**4. FEI Number**

**65-1150180**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI FL 33145**

**7. Name and Address of New Registered Agent**

**Name**

**SEVERINO RODRIGUES**

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

**6420 NW 5 WAY**

**City**

**FT LAUDERDALE**

**FL**

**Zip Code**

**33309**

**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**

*Severino Rodrigues*

**SEVERINO RODRIGUES, U.P.**

**1-10-02**

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**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CAMACHO, CHARLES</b>	
<b>STREET ADDRESS</b>	<b>6420 NW 5TH WAY</b>	
<b>CITY-ST-ZIP</b>	<b>FT LAUDERDALE FL 33309</b>	
<b>TITLE</b>	<b>VSTD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>RODRIGUES, SEVERINO</b>	
<b>STREET ADDRESS</b>	<b>6420 NW 5TH WAY</b>	
<b>CITY-ST-ZIP</b>	<b>FT LAUDERDALE FL 33309</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**

*Severino Rodrigues*

**SEVERINO RODRIGUES 1/10/02**

**954-202-2980 X202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)