2093 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000105643					FILED		4-
1. Entity Name					03 NOV -6 PM 2: 38	2	
MART WIRELESS, INC.				岁	00 110 4 O ttl 5:35	3	
		1	, i		SECHETARY OF STATE		
	ce of Business	Mailing Address	4 2510 .		SECHETARY OF STATE TALLAHASSEE FLORIDA	4	
777 N.W. 72N Miami FL 331	DAVENUE # 2F12	777 N.W. 72ND AVENUE 1 MIAMI FL 33126	# 2F12/				
			*				
2. Principal Place of Business 3. Malling Address 1.6							
17/N.W. 72 AVE 1777 NW (1271)							
Suite Apt	#setc.	Suite Apt. # etc.	•	H	EINSTATEM	HAVE HANGES	3
City & Stat	e El	Sty & State	/		Number 65-1154389	XA	plied for
71101 02210	Country	Miami F	Country		ertificate of Status Desired	\$8.75 Add	t Applicable litional
<u> </u>	6. Name and Address of Current R	35/26				Fee Require	
	b. Name and Address of Current h	edistered Agent F	Name /	PATA	ime and Address of New Register	CHI DIA	C 6155
CHIDIAC,	GISEL	والمرمين والمساورة المراب والمساورة	Street Address	s (P.O. Bo	X Number is Not Acceptable)		- 6(12
111 N.W. 12NU AVENUE 24 21 2							
MIAMI FL	33126				900023418 9/30/0301025012	1339 <u> **</u> 150.0	.0
		<u>-</u>	City M:i d	imi			26
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.							
ausel (), alianos de la costa della costa de la costa della costa della costa							
SIGNATURE .	Signature typed or printed name of registered agent an	d little it applicable. (NOTE:	Registered Agent signature requi	iired when rein	stating) DA	TE .	
	ILE NOW!!! FEE IS \$550.00				9. Election Campaign Financing	\$5.0	0 мау Ве
	ptember 10, 2003 Fee will be \$750.0 k Payable to Florida Department of t				Trust Fund Contribution.		to Fees
10.	OFFICERS AND D		11,	ADD	ITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11
TITLE	D CHIDIAC, GISEL	☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS	777 N.W. 72ND AVENUE #	2F12	NAME STREET ADDRESS			•	
CITY-ST-ZIP	MIAMI FL 33126	<u> </u>	CITY-ST-ZIP	<u>-</u> .		 	
TITLE Name		☐ Delete	TITLE NAME		-	☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP		·	CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME		,	- Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			"CITY-ST-ZIP"			Change	- Addition
NAME ,		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADORESS CITY-ST-ZIP		•	STREET ADDRESS				
THILE		Delete	CITY-ST-ZIP	·	 _	☐ Change	☐ Addition
NAME		□ Delete	NAME			onlings	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		•		
TITLE		Delete .	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
12. I hereby o	certify that the information supplied with t	his filing does not qualify for t	the exemption stated in S	Section 11	9.07(3)(i), Florida Statutes. I further	certify that the in	formation
of the car	on this report or supplemental report is to poration or the receiver or trustee empow or on an attachment with an address, wi	vered to execute this report a	y signature shall have the s required by Chapter 60	e same leg 07, Florida	gal effect as if made under oath; tha Statutes; and that my name appea	at I am an officer of ars in Block 10 or	or director Block 11 if
onang o u,	or on an adactiment with an address, wi	tri dil, otiner like empowered.			a ~ 7 -	F1115	0.001

9_5_63 3 5 262 3588 Date Daylims Phone #

Dept. of State HE-INSTATEMENT DEPT.

> DOC. # P01000105643. MART WIRELESS, INC.

Dear Sirs,

Enclosed Uniform Business report along with check in the amount of \$150.00 as per your instructions I didn't receive the Renewal Jorn Most-likely it was misplaced

in the MAIL.

Please help one to up-date my Corporation.

Thank you very much.

Sincerly yours

CKISEL Chidiac.