

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90148 006 ***150.00

0056703 AV

DOCUMENT # P01000109968

1. Entity Name

GLOBAL POINT WIRELESS, INC



Principal Place of Business

**8323 NW 64 STREET
MIAMI FL 33166**

Mailing Address

**8323 NW 64 STREET
MIAMI FL 33166**

2. Principal Place of Business

2315 NW 107 Ave

3. Mailing Address

2315 NW 107 Ave

Suite, Apt. #, etc.

MI-M36-B-62

Suite, Apt. #, etc.

MI-M36 Box 62

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1152462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHIRINOS, MARIO
8323 NW 64 STREET
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

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

2315 NW 107 Avenue

MI-M36

City

Miami

FL

Zip Code

33172

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHIRINOS, MARIO 16380 NW 91 COURT MIAMI FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KARANYOR, MOREY 16380 NW 91 COURT MIAMI FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/03

Date

Daytime Phone #

CR2E034 (4/03)

80135681

ACKERMAN & NEWMAN, P A
7328 S W 48 STREET
MIAMI, FLORIDA 33155
305-663-0055

July 31, 2003

Dept of State
Division of corporations
Tallahassee, Florida 32314

RE: Global Point Wireless
P01000109968

Gentlemen:

Enclosed is our renewal form for the corporation. We never received the original as for some reason it was not forwarded by the post office. We have indicated a change of Address on the enclosed form.

We therefor would like to request that you abate the late filing penalty in regard to this filing.

Sincerely
Ackerman & Newman P A



Steven M Ackerman