

FILED
Mar 10, 2003 8:00 am
Secretary of State

02-04-2003 90117 026 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000004659

1. Entity Name
WIRED ASSETS, INC.



Principal Place of Business
316 N.E. 4TH STREET
FORT LAUDERDALE FL 33301

Mailing Address
~~316 N.E. 4TH STREET~~
~~FORT LAUDERDALE FL 33301~~



2. Principal Place of Business

3. Mailing Address

40 Thomas R. Shahady

Suite, Apt. #, etc.

Suite, Apt. #, etc.

350 E. Las Olas Blvd, #1700

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

Fort Lauderdale

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

33301

USA

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

SHAHADY, THOMAS R
HOUSTON & SHAHADY, P.A.
316 N.E. 4TH STREET
FORT LAUDERDALE FL 33301

Name
Thomas R. Shahady

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

Adorno + Yass

350 E. Las Olas Blvd, #1700

City
Fort Lauderdale

FL

Zip Code
33301

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHAHADY, THOMAS R
316 N.E. 4TH STREET
FORT LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Thomas R. Shahady
350 E Las Olas Blvd, #1700
Fort Lauderdale, FL 33301 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Thomas R. Shahady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-03 954-746-7837

CR2E034 (10/02)