

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000025400

FILED  
Jan 09, 2003  
Secretary of State

Entity Name: ALLPLUS WIRELESS COMMUNICATIONS, CORP.

## Current Principal Place of Business:

3069 NW 107 AVENUE  
MIAMI, FL 33172

## New Principal Place of Business:

## Current Mailing Address:

3069 NW 107 AVENUE  
MIAMI, FL 33172

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GONZALEZ, JAVIER  
3069 NW 107 AVENUE  
MIAMI, FL 33172

## Name and Address of New Registered Agent:

CRUZ, WILSON M  
3069 NW 107 AVENUE  
MIAMI, FL 33172

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: WILSON M. CRUZ

01/09/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CRUZ, WILSON M  
Address: 3069 NW 107 AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete  
Name: ALBERTO M. J. RODRIG, UES  
Address: 3069 NW 107 AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete  
Name: RODRIGUES, JOSE E  
Address: 3069 NW 107 AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: P ( ) Delete  
Name: RODRIGUES, JOSE J  
Address: 3069 NW 107 AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: S ( ) Delete  
Name: GONZALEZ, JAVIER  
Address: 3069 NW 107 AVENUE  
City-St-Zip: MIAMI, FL 33172

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ALBERTO M. J. RODRIG, UES  
Address: 10909 N.W. 67TH STREET  
City-St-Zip: MIAMI, FL 33178

Title: D (X) Change ( ) Addition  
Name: RODRIGUES, JOSE E  
Address: 10909 N.W. 67TH STREET  
City-St-Zip: MIAMI, FL 33178

Title: P (X) Change ( ) Addition  
Name: RODRIGUES, JOSE J  
Address: 10909 N.W. 67TH STREET  
City-St-Zip: MIAMI, FL 33178

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILSON M CRUZ

D

01/09/2003

Electronic Signature of Signing Officer or Director

Date