

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91147 049 ***150.00

03/517 AV

DOCUMENT # P02000040334

1. Entity Name

WIRELESS PLUS COMMUNICATIONS, INC



Principal Place of Business

**5703 N ANDREWS WAY
FT LAUDERDALE FL 33309**

Mailing Address

**5703 N ANDREWS WAY
FT LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

3564 LAKEWOOD PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

COCONUT CREEK FL

Zip

Country

Zip

Country

33073

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

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

FLORES, JOSE G

808 CYPRESS BLVD #103

POMPANO BEACH FL 33069

Name

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

City

FL

Zip Code

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 **P** ☐ Delete
NAME **FLORES, JOSE G**
STREET ADDRESS **808 CYPRESS BLVD APT 103**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☒ Change ☐ Addition
NAME **3564 LAKEWOOD PLACE**
STREET ADDRESS **COCONUT CREEK FL 33073**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MEDIPOR, MICHAEL**
STREET ADDRESS **5703 N ANDREWS WAY**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **FLORES, ALBERTO J**
STREET ADDRESS **808 CYPRESS BLVD APT 103**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Change ☐ Addition
NAME **3564 LAKEWOOD PLACE**
STREET ADDRESS **COCONUT CREEK FL 33073**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4-11-03

Date

(954) 489-9920

Daytime Phone #

CR2E034 (10/02)