FILED
May 05, 2003 8:00 am
Secretary of State
03-24-2003 90233 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000056005

1. Entity Name
PERRY'S WIRELESS INC.

55037790

Principal Place of Business	Mailing Address
1498 NW 54 ST MIAMI, FL 33142	1498 NW 54 ST MIAMI, FL 33142

2. Principal Place of Business	3. Mailing Address
8341 SW 107th Ave	8341 SW 107th Ave
Suite, Apt. #, etc. #E	Suite, Apt. #, etc. #E
City & State Miami Fl	City & State Miami, Fl
Zip 33173 Country U.S.	Zip 33173 Country U.S.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0710665 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POTASH, PERRY
7703 SW 91 AVE
MIAMI, FL 33173

7. Name and Address of New Registered Agent

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 X
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	PD POTASH, PERRY 1498 NW 64 ST MIAMI, FL 33142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 786-942-1223 Daytime Phone #