

5/50

05-05-2003 91412 038 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P020000068005
1. Entity Name
H & W WIRELESS CELLUTIONS, INC

00045535

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5440 N. STATE Rd 7
Suite, Apt. #, etc.
SUITE 221
City & State
FORT LAUDERDALE FL
Zip
33319 County
Broward

3. Mailing Address
5440 N. STATE Rd 7
Suite, Apt. #, etc.
SUITE 221
City & State
FORT LAUDERDALE FL
Zip
33319 County
Broward

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4. FEI Number
68-0511087 Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent
CADAGAN Business Solutions
Street Address (P.O. Box Number is Not Acceptable)
5440 N. STATE Rd 7 SUITE 221
FORT LAUDERDALE FL 33319

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.
SIGNATURE Wiley Cadagan 04.29.03
DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$87.50
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees.

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	HARRY CADAGAN	184 N.W. 4th	BOCA RATON, FL 33432
VP	HAIRE CADAGAN	184 N.W. 4th	BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 687, Florida Statutes; and that my name appears in Block 11 of an attachment with an address, with all other like empowerment.

SIGNATURE: Wiley Cadagan 04.30.03 924.739.4810
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR