

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90113 030 \*\*\*150.00

**DOCUMENT # P02000076543**

1. Entity Name

**A Z WIRELESS INC.**



Principal Place of Business

**971 WEST 67TH ST.  
HIALEAH FL 33012**

Mailing Address

**971 WEST 67TH ST.  
HIALEAH FL 33012**

2. Principal Place of Business

**4989 SW 148 AVE**

Suite, Apt. #, etc.

3. Mailing Address

**4989 SW 148 AVE**

Suite, Apt. #, etc.

City & State

**DAVIE FL**

City & State

**DAVIE FL**

Zip

**33330**

Country

**USA**

Zip

**33330**

Country

**USA**

4. FEI Number

**61-1419573**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ZAMORA, DIAN**

**971 WEST 67TH ST.  
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

**Maria Centeno**

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

**4989 SW 148 AVE**

City

**DAVIE**

**FL**

Zip Code

**33330**

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

*Maria Elena Centeno*

**1-14-03**

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

TITLE **PSD**  
NAME **ZAMORA, DIANA**  
STREET ADDRESS **971 WEST 67TH ST.**  
CITY-ST-ZIP **HIALEAH FL 33012**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD**  
NAME **MARIA CENTENO**  
STREET ADDRESS **4989 SW 148 AVE**  
CITY-ST-ZIP **DAVIE, FL 33330**

☒ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

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NAME  
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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:

*Maria Elena Centeno*

**1-14-03**

**954-252 0025**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)