

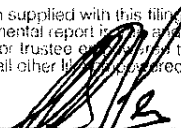


FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90183 017 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO20000770250			
1. Entity Name Wireless Universe			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business Miami		3. Mailing Address 8247 SW 107th Ave	
Suite, Apt. #, etc. D		Suite, Apt. #, etc.	
City & State Miami		City & State FL	
Zip 33173	Country USA	Zip	Country
4. FEI Number 14-1838187		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Michel Clerie			
Street Address (P.O. Box Number is Not Acceptable) 8247 SW 107th Ave Ste D.			
City Miami State FL Zip Code 33173			
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  Michel Clerie DATE 05/01/03			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE			
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 or authorized person to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other lines completed.			
SIGNATURE:  Michel Clerie DATE 05/01/03			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034B (12/02)