

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90132 025 ***150.00

DOCUMENT # P02000077772

1. Entity Name
DADE PCS NETWORK COMPANY



Principal Place of Business
18242 SW 149 COURT
MIAMI FL 33187

Mailing Address
18242 SW 149 COURT
MIAMI FL 33187

2. Principal Place of Business

9300 S. DIKIE Hwy
(Suite, Apt. #, etc.)
105

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33156

Country

USA

Country

4. FEI Number

32-0024196

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

ADAN, MICHAEL
18242 SW 149 COURT
MIAMI FL 33187

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

Signature, typed or printed name of registered agent and title if applicable.

MICHAEL ADAN

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-03

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	D ADAN, MICHAEL 18242 SW 149 COURT MIAMI FL 33187	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAN ELVIRA 18242 SW 149 CT MIAMI, FL 33187	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES (P) MICHAEL ADAN 18242 SW 149 CT MIAMI, FL 33187	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAN ELVIRA 18242 SW 149 CT MIAMI, FL 33187	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03

(305) 670-4407

Date

Daytime Phone #

CR2E034 (10/02)

90134175

Attachment LO#0200007772

THIS ENVELOPE WAS RETURNED
TO SENDER (ME) AS YOU CAN TELL
I SCRATCHED IT OUT ON THE
FRONT. I CALLED AND WAS
TOLD BY PATRICK JUST TO
REMAIL IT BACK TO YOU.

THANK YOU!