

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000084238**

1. Entity Name

**OLYMPIA WIRELESS INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3540 Coral Way**

Suite, Apt. #, etc.

3. Mailing Address

**3540 Coral Way**

Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

**Miami FL**

Zip

**33145**

Country

**USA**

Zip

**33145**

Country

**USA**

4. FFI Number

**76-0713133**

Applied For

**Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Abadia, Melinda**

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

**3540 Coral Way**

City

**Miami**

FL

Zip Code

**33145**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and effects to do so. ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Abadia, Melinda Miami,  
9755 NW 52ND ST FL 33178**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# OLYMPIA WIRELESS

October 14, 2003

FLORIDA DEPARTMENT OF STATE  
GLENDA WOOD  
SECRETARY OF STATE

DIVISION OF CORPORATIONS  
P. O. BOX 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

The reason for this letter is to certify that just presently I became aware of the situation  
Of Olympia Wireless not been an active corporation.

No prior notice had come to us via mail,

Please grant me a waiver so that I can continuo in business, it's my first year in business

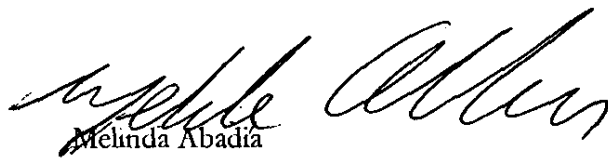
And it has not been easy, as an entrepreneur and as a divorce mom of two.

I also understand that my accountant is my greatest source of information

But he has been sick, in and out of the hospital for the last six months.

Thank you for the attention to the matter,

Sincerely,

  
Melinda Abadia  
President