2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

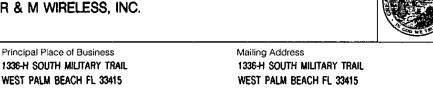
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Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90448 001 ***150.00

FILED

1. Entity Name R & M WIRELESS, INC. Principal Place of Business Mailing Address



2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u>{</u>
City & State	City & State	# EEL Number



Ш	CHECK	HERE	ΙF	MAKING	CHANGES	

Only & Oldio		ony a onate		T. I CHINGHOOM			, ipplied i o	
				05-0528	<u> </u>		Not Applicabl	e
Zip	Country	Zip	Country	5. Certificate of Status Desired	1 1	\$8.75 Fee Requ	Additional uired	
6. Name	and Address of Current R	legistered Agent		7Name and Address of New Ro	egistered A	\gent		-

RODRIGUEZ, RODOBALDO 1336-H SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415

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 are	m familiar with, and accept
the obligations of registered agent.	

SIGNATURE

ILE	!!!WON	FEE	IS	\$150.00	

After May 1, 2003 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

I Applied For

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Addition NAME RODRIGUEZ, RODOBALDO NAME STREET ADDRESS STREET ADDRESS 1336-H SOUTH MILITARY TRAIL CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 add with all other like empowered.

Daytime Phone #