

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90159 021 ***150.00

DOCUMENT # P93000052599
1. Entity Name
UNITED WIRELESS TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6560 W. ROGERS CIRCLE
Suite, Apt. #, etc. 14

3. Mailing Address
6876 Queenferry Circle
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State BOCA RATON, FLORIDA City & State Boca Raton, Florida 4. FEI Number 65-0427194 Applied For Not Applicable

Zip 33487 Country USA Zip 33496 Country USA 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Stephen B. Cavayero
Street Address (P.O. Box Number is Not Acceptable)
6876 Queenferry Circle
City BOCA RATON FL Zip Code 33496

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

(NOTE: Registered Agent signature required when reinstating)

4-26-2002
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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	<u>P CAVAYERO, STEPHEN B. 6560 W. ROGERS CIRCLE #14 BOCA RATON, FLORIDA 33487</u>
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CR2E034B (12/01)

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 or without, like empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 (56) 995-2132
Date Daytime Phone #