

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047502

1. Entity Name
ABC WIRELESS SERVICES CORP.

Principal Place of Business
16500 N.W. 52ND AVE.
MIAMI FL

Mailing Address
16500 N.W. 52ND AVE.
MIAMI FL

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-08-2002 90034 038 ***150.00

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0505191

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAZAR, BRUCE E
2901 COLLINS AVE
STE M
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name Randy Simon
Street Address (P.O. Box Number is Not Acceptable) 16500 NW 52 Ave.
City miami FL Zip Code 33014

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 elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 VP
NAME KUDEVIZ, MICHAEL
STREET ADDRESS 16500 NW 52ND AVENUE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VP
NAME BURNS, ANDREW
STREET ADDRESS 16500 NW 52ND AVENUE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ~~STOP~~
NAME ~~KUDEVIZ, JACK~~
STREET ADDRESS 16500 NW 52ND AVENUE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VP
NAME SIMON, RANDY
STREET ADDRESS 16500 NW 52ND AVENUE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Block 12 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

Date

Daytime Phone #

CFDE034 (9/01)