

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90004 009 ***150.00

DOCUMENT # P94000076369

1. Entity Name

Transmedia Wireless Services, Inc.

Principal Place of Business

Mailing Address

*5323 Lakeworth Rd. Same
 Greenacres, FL 33463
 US*

A0075792

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0534111

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

*Howard, Michael
 5323 Lakeworth Rd.
 Greenacres, FL 33463*

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.

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, 2001, 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 *PTD* ☐ Delete
 NAME *Howard, Michael*
 STREET ADDRESS *5323 Lakeworth Rd.*
 CITY-ST-ZIP *Greenacres, FL 33463*

TITLE *VP* ☐ Delete
 NAME *Howard, Lynn*
 STREET ADDRESS *5323 Lakeworth Rd.*
 CITY-ST-ZIP *Greenacres, FL 33463*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Howard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/28/01

CR2E034 (11/00)

Attachment Doc # P94 000076369 A005792

Lance P. Mirrer, CPA, P.A.
Certified Public Accountants & Financial Consultants
PO Box 260879
Pembroke Pines, FL 33026
(954) 432-1099/FAX (954) 443-6123
E-mail: cpa@taxmancpa.com

June 25, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
Box 1500
Tallahassee, FL 32302-1500

Re: Transmedia Wireless Services, Inc
Doc # P94000076369

Dear Madam or Sir:

Enclosed are properly completed & executed 2001 Uniform Business Report and payment for the above corporation. On behalf of this corporation, I request you to abate the late filing penalty due to reasonable cause.

This corporation **never** received their initial filing notice. When they did not receive your renewal notice, they believed I, as their CPA had filed the report for them.

Please call if you need any further information or clarification on this matter.

Sincerely,



Lance P. Mirrer, CPA

SENT CERTIFIED MAIL, RETURN RECEIPT REQUESTED # Z 847 019 130