

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90484 028 \*\*\*150.00

DOCUMENT # P95000074007

1. Entity Name

INTERNATIONAL WIRELESS CORPORATION

Principal Place of Business

Mailing Address

6577 143rd STREET NORTH  
 PALM BEACH GARDENS, FL 33418

6577 143rd STREET NORTH  
 PALM BEACH GARDENS, FL 33418

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0656100

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANADAY, JON L  
 6577 143rd STREET NORTH  
 PALM BEACH GARDENS, FL 33418

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!!! FEES \$150.00  
 After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	CANADAY, JON L	6577 143rd STREET NORTH	PALM BEACH GARDENS, FL 33418	<input type="checkbox"/>
D	BARKER, TOM	6577 143rd STREET NORTH	PALM BEACH GARDENS, FL 33418	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </td>	NAME <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00 880 680 1700

Date

Daytime Phone

CR2E034 (9/99)