

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014423

1. Entity Name
WIRELESS TELECOM GROUP, INC.

Principal Place of Business
12225 S DIXIE HWY
MIAMI FL 33156
US

Mailing Address
12225 S DIXIE HWY
MIAMI FL 33156
US

NEW
ADDRESS

2. Principal Place of Business
12233-A S. DIXIE HWY.

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33156

4. FEI Number 65-0644084
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, CARLOS
7383 N.W. 36TH STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

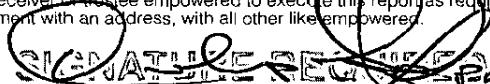
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, CARLOS 12225 S DIXIE HWY MIAMI FL 33156	<input type="checkbox"/> Delete	TITLE 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90018 050 ***150.00



DO NOT WRITE IN THIS SPACE

0528420
AV

CR2E034 (9/01)

1-10-02 305-216-7343

Date Daytime Phone #