

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90083 020 \*\*\*150.00

**DOCUMENT # P96000025453**

1. Entity Name  
**TRACFONE WIRELESS, INC.**

Principal Place of Business

**8390 NW 25 STREET  
MIAMI FL 33122  
US**

Mailing Address

**8390 NW 25 STREET  
MIAMI FL 33122  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0655753**

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

**SALZMAN, RICHARD  
8390 N.W. 25TH STREET  
MIAMI FL 33122**

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 \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEPD** ☐ Delete  
NAME **POLLACK, FREDERICK J**  
STREET ADDRESS **8390 NW 25 STREET**  
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **CEO/P/D** ☒ Change ☐ Addition  
NAME **POLLAK, FREDERICK J.**  
STREET ADDRESS **8390 NW 25 STREET**  
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **CFDT** ☐ Delete  
NAME **BLANCO, GUSTAVO**  
STREET ADDRESS **8390 NW 25 STREET**  
CITY-ST-ZIP **MIAMI FL 33122**

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

TITLE **D** ☐ Delete  
NAME **ABOUMRAD HAJJ, DANIEL**  
STREET ADDRESS **8390 NW 25 STREET**  
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **C** ☒ Change ☐ Addition  
NAME **HAIJ ABOUMRAD, DANIEL**  
STREET ADDRESS **8390 NW 25 STREET**  
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **D** ☐ Delete  
NAME **GARCIA, CARLOS**  
STREET ADDRESS **8390 NW 25 STREET**  
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **D** ☒ Change ☐ Addition  
NAME **GARCIA MORENO, CARLOS**  
STREET ADDRESS **8390 NW 25 STREET**  
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V/S** ☐ Change ☒ Addition  
NAME **SALZMAN, RICHARD B.**  
STREET ADDRESS **8390 NW 25 STREET**  
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 REQUIRED Secretary 1/17/02 (305) 640-2054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (9/01)