

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90879 013 \*\*\*150.00

DOCUMENT # P96000039898

1. Entity Name

GSM COMMUNICATIONS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1221 Brickell Avenue

Suite, Apt. #, etc.  
Suite 900

City & State  
Miami, FL

Zip  
33131

Country  
US

3. Mailing Address  
1221 Brickell Avenue

Suite, Apt. #, etc.  
Suite 900

City & State  
Miami, FL

Zip  
33131

Country  
US

4. FEI Number  
65-0666147

Applied For  
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Corporate Creations

Street Address (P.O. Box Number is Not Acceptable)

941 Fourth Street, #200

City Miami Beach FL Zip Code 33139

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	PDST Farkas, Michael D. 1221 Brickell Ave., STE 900 Miami, FL 33131
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael D. Farkas 4/26/02 3055390900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)