

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067131

1. Entity Name

WIRELESS NETWORKS INTERNATIONAL, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90121 007 ***150.00

Principal Place of Business

Mailing Address

7214 NW 31 STREET
MIAMI FL 33122

7214 NW 31 STREET
MIAMI FL 33122-1216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0685967

Applied For

Not Applicable

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

DEL CORTILLO, CRATINA
7214 NW 31
MIAMI FL 33122

DELETE

Name

Schulman Matthew L

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

7214 N W 31 St Street

City

Miami

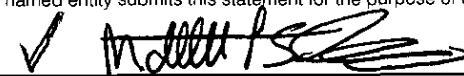
FL

Zip Code

33122

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



Matthew L Schulman

4/14/00

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 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

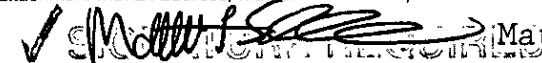
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHULMAN, MATTHEW L	
STREET ADDRESS	7214 NW 31 ST	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHULMAN, MATTHEW L	
STREET ADDRESS	7214 NW 31 STREET	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHULMAN, MATTHEW L	
STREET ADDRESS	7214 31 ST	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARDENAS, JANET O	
STREET ADDRESS	7214 NW 31 STREET	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:



Matthew L Schulman Pres.

Date

Daytime Phone #

CR2E034 (9/99)