2001 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P96000076742 WIRELESS TECHNOLOGIES, INC. 04-16-2001 90282 007 ***150 00 Principal Place of Business Mailing Address 2755 E OAKLAND BLVD 2755 E OAKLAND BLVD STE 101- 303 STE 101 FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 303 303 Svite City & State City & State 4. FEI Number Applied For 65-0700213 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SADRIWALLA, ABBAS Street Address (P.O. Box Number is Not Acceptable) 2755 E OAKLAND BLVD STE 101 303 FORT LAUDERDALE FL 33306 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 TITI F Change TITLE ☐ Delete SADRIWALLA, ABBAS NAME NAME 2755 E. Oakland Park Blod Suite 303 2755 E OAKLAND PARK BLVD STE 101 303 STREET ADDRESS STREET ADDRESS Ft. Lauderdale, 72-33306 CITY-ST-ZIP FORT LAUDERDALE FL 33306 CITY-ST-ZIP Change Delete TITLE TITLE SADRIWALLA, DEBORAH NAME NAME 2755 E. Oakland Park Blut Suite 303 3070 NE 40 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 3330 ET. Lauderdale, Tr 33306 CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 ment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

3R2E034 (10/00)