2002 UNIFORM BUSINESS REPORT (UBR)								FILED			
DOCUMENT # P96000076742							Apr 24, 2002 8:00 am Secretary of State				
WIRELE	SS TECHNOLO	GIES, INC.						04-24-2002 903	79 003 ***15	0.00	
Principal Pla	ice of Business		Mailing Address				<u> </u>				
2755 E OAM	55 E OAKLAND BLVD 2755 E OAKLAND BLVD										
SUITE 303											
FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306								1 120 (124) (24 102) 0 01(1) 00(1) 00(1)	ISI Ba nk 10010 Anni (ka	(1 81618 16 6 1 2 8 81	
2 Principal	Place of Business		2 Mailing Address								
2. Principal Place of Business A755 E. OAKLAND PK. BLVD. 3. Mailing Address 2755 E. OAKLAND						BLVD.		ı (mərtəndi şim fərsir gişti əblif barifi dil	IIT WATEL TWALK OLTER BUR	il midig (16) 1861	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.								DO NOT WRITE IN THIS SPACE			
City & State Fr. LAUDERDALE, FL City & State Fr. LAUDERDALE, FL Fr. LAUD.,					FL			Number 65-0700213		pplied For	
Zip 33	30/- Count		Zip 33306	Cour	ntry		5 Ce	ertificate of Status Desired	¢9.75 .	lot Applicable	
	6. Name and Add	iress of Current Re	· • • • • • • • • • • • • • • • • • • •		Ť ·			me and Address of New Regist	Fee Require		
6. Name and Address of Current Registered Agent Name								A. SADRINA			
SADRIWALLA, ABBAS					Street	#3.13 Address (F		Number is Not Acceptable)		<u>-</u>	
2755 E OAKLAND BLVD							·				
SUITE 303					<i>₫7.</i>	55 E.	DA	KLAND PARK BL	vs, # 300	,	
FORT LAUDERDALE FL 33306					City	r. L.	4UD	EKDALE	FL ZingCa	306	
8. The above	e named entity submits	this statement for th	ne purpose of changing its	register	ed office o			t, or both, in the State of Florida.			
	allen		walla ABB						,		
SIGNATURE	Signature, typed or printed na					ture required v			DATE		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE						.00					
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2002 Fee will be \$550.00			1	 Election Campaign Financin Trust Fund Contribution. 	~ ΨΟ.\	00 May Be d to Fees		
11.			Make Check Payable to Department of Stat								
TITLE	DP	OFFICERS AND DIF	Delete	12. TITLI		T	ADDI	TIONS/CHANGES TO OFFICER			
NAME	SADRIWALLA, AB	BAS	Li Delete	NAM	F	İ			☑ Change	☐ Addition	
STREET ADDRESS	EET ADDRESS 2755 E OAKLAND PARK BLVD., STE 303				ET ADDRESS	2755	E. C	AKLAND PK. BLUS.,	SE 300		
CITY-ST-ZIP	FORT LAUDERDA	LE FL 33306			-ST-ZIP	ļ					
NAME	D SADDNALLA DE	PODALI	☐ Delete	TITLE NAM					Change	☐ Addition	
STREET ADDRESS	SADRIWALLA, DEBORAH 2755 E OAKLAND BLVD., STE 303				STREET ADDRESS 2755		E. C	PAKLAND PK. BLUD.	, STE 300		
CITY-ST-ZIP	FORT LAUDERDA	LE FL 33306		CITY	-ST-ZIP	<u></u>		· · · · · · · · · · · · · · · · · · ·			
TITLE			☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS				NAMI	e Et address						
CITY-ST-ZIP					ST-ZIP						
TITLE		**	☐ Delete	TITLE	.			-	☐ Change	☐ Addition	
NAME				NAME							
STREET ADDRESS CITY-ST-ZIP				•	ET ADDRESS ·ST-ZIP						
TITLE	-		☐ Delete	+-				.			
NAME			D) 019190	TITLE					☐ Change	☐ Addition	
STREET ADDRESS					ET ADDRESS					}	
CITY-ST-ZIP	714			1 -	ST-ZIP						
TITLE			☐ Delete	DITLE		ř			Change	☐ Addition	

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 expowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DESIGNING DESIGNIN

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

ABBAC A. SADRIWALLA 04-16-02

Change

☐ Addition