

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**  
 01-19-2000 90137 015 \*\*\*150.00

**DOCUMENT # P96000086186**

1. Entity Name

**MICEL WIRELESS CORP.**

Principal Place of Business

13621 SW 109 STREET  
 MIAMI FL 33186

Mailing Address

15450 SW BOONES FERRY  
 9-300  
 LAKE OSWEGO OR 97035-3429

2. Principal Place of Business

13701 N Kendall Dr  
 Suite, Apt. #, etc.  
 Ste 304

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami

City & State

Zip

33186

Country

FL

Zip

Country

4. FEI Number

65-0707346

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

**BARROS, PEDRO**  
 11430 N. KENDALL DR., SUITE 210  
 MIAMI FL 33176

Name

BARROS, PEDRO

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

13621 SW 109 ST

City

MIAMI

FL

Zip Code

33186

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) ☐

**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 **D** ☐ Delete  
 NAME **BOON, DAVID**  
 STREET ADDRESS **16117 WHITE OAKS DRIVE**  
 CITY-ST-ZIP **LAKE OSWEGO OR 97035**

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

TITLE **D** ☐ Delete  
 NAME **BARROS, PEDRO**  
 STREET ADDRESS **13621 SW 109 STREET**  
 CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE **S** ☐ Delete  
 NAME **BOON, SUSAN**  
 STREET ADDRESS **16117 WHITE OAKS DRIVE**  
 CITY-ST-ZIP **LAKE OSWEGO OR 77035**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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:

*Susan Boon* **SUSAN: BOON**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00 503.6756510

CR2E034 (9/99)