## FILED Feb 02, 2001 8:00 am Secretary of State

02-02-2001 90024 001 \*\*\*150.00 02-02-2001 90024 002 \*\*\*\*\*8.75

					02-02-2001 9	0024 002 *****	8.75
Principal Plac	ce of Business	Mailing Address					
3701 N KENDA	ALL DR	15450 SW BOONES FERRY					
STE 304		9-300			′9 <u>)</u>	l'in fin fin	
AIAMI FL 33186		LAKE OSWEGO OR 97035			2 4 0 9 0		
						1 <b>12:10</b> 1   <b>1</b> 1:10   <b>1</b> 1:10   11:10	
Principal Place of Business     Address     Mailing Address			_				
	N Kendali DS	13701 N-Kerdaw De			LIMBITURE IN THIS STATE BOTH BOTH BOTH	1 88181 (BI(B BI(B) 1184) 14	
Suite, Apt. #, etc. Stute 306		Suite, Apt. #, etc.		Ì	DO NOT WRITE I	N THIS SPACE	
City & State		Suite 306 City & State			55111 (		
Miani FL		Manj FL			FEI Number <b>65-0707346</b>	<del></del>	pplied For ot Applicable
		Zip Country				\$8.75 Ad	
Zip 3318	mami - Dade	33186	Million;	Dade 5.	Certificate of Status Desired	Fee Require	
	6. Name and Address of Current I				Name and Address of New Regi	istered Agent	
			Name	<	0_		
BARROS, PEDRO				Suson Soon Street Address (P.O. Box Number is Not Acceptable)			
13621 SW 109 ST				13701 N. Kindau DL			
MIAMI FL 33186				Suite 306			
			City				
		· · · · · · · · · · · · · · · · · · ·		Mian		FL Zip Co	3186
8. The above	named entity submits this statement for	the purpose of changing its	registered office	or registered a	gent, or both, in the State of Florida	a.	ĺ
	A. R	_				4	
SIGNATURE ,		Book - DILECT				1/18/01	
	Signature, typed or printed name of registered agent a	nd little if applicable. (NO II	:: Registered Agent sign	ature required when i	reinstating)	DATE	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!!			!! FEE IS \$150	.00	10. Election Campaign Finance	cina. <b>\$5</b> f	O May Be
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State			Trust Fund Contribution.		d to Fees
	<u> </u>						
11.	OFFICERS AND D		12.	123	ODITIONS/CHANGES TO OFFICE		
TITLE NAME	BOON, DAVID	☐ Delete	TITLE NAME	Koside	A December	Change	☐ Addition
STREET ADDRESS	16117 WHITE OAKS DRIVE		STREET ADDRESS		· David P.	i. 👡	
CITY-ST-ZIP	LAKE OSWEGO OR 97035		CITY-ST-ZIP	1000	East Caluse Ce	mp be	{
TITLE	D	☐ Delete	TITLE	V.P.	Director	Change	☐ Addition
NAME	BARROS, PEDRO	Li Bolcio	NAME	1		•	
STREET ADDRESS	13621 SW 109 STREET		STREET ADDRESS		Barros Pedro	D	ł
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP	migan	1 33176		
TITLE	S	☐ Delete	TITLE		Director of Finan	☐ Change	☐ Addition
NAME	BOON, SUSAN		NAME	Roma	Susan	.ce	
STREET ADDRESS	16117 WHITE OAKS DRIVE		STREET ADDRESS		Each Calusa S	Chub De	
CITY-ST-ZIP	LAKE OSWEGO OR 77035		CITY-ST-ZIP		m1 12 3318k	٠	
TITLE		☐ Delete	TITLE	Direc	tor Man	☐ Change	Addition
NAME CTREET ADDRESS			NAME	Ferna	ndez, Maria	LUISA	`
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		SW 100th Ave		}
			-	MILAN	ni, FL 3317		- Addition
TITLE NAME		Delete	' TITLE NAME		•	☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				L ,
STREET ADDRESS	·		STREET ADDRESS				}
CITY-ST-ZIP			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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2001 UNIFORM BUSINESS REPORT (UBR)** 

DOCUMENT # P96000086186

1. Entity Name

MICEL WIRELESS CORP.

11801

305 382 2112

Daytime Phone #