

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102992

1. Entity Name

CAN WE TALK WIRELESS COMMUNICATIONS, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90057 018 ***150.00

Principal Place of Business

120 SOUTH DIXIE HWY
SUITE #106
WEST PALM BEACH FL 33401
US

Mailing Address

7313 73RD WAY
WEST PALM BEACH FL 33407-6732

2. Principal Place of Business

120 SOUTH DIXIE HIGHWAY
SUITE 106

3. Mailing Address

2671 PVES HARBOUR
SUITE, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

4. FEI Number 65-0721138

Applied For
Not Applicable

Zip 33401 Country PALM BEACH

Zip 33411 Country PALM BEACH

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

BLAISE, KETLY
7313 73RD WAY
WEST PALM BEACH FL 33407

Name KETLY BLAISE - SAPP

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

2671 PVES HARBOUR

City WEST PALM BEACH FL Zip Code 33411

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 Ketly Blaise-Sapp Ketly Blaise-Sapp 3-8-00
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	<input type="checkbox"/> Delete
NAME	SAPP, ROBERT C	
STREET ADDRESS	7313 73RD WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00 561.655.3663
Date Daytime Phone #

CR2E034 (9/99)