2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P97000041493 May 02, 2000 8:00 am Secretary of State EVERYTHING WIRELESS. INC. 05-02-2000 90102 030 ***150.00 Principal Place of Business Mailing Address 3380 NORTH 28TH TERRACE 3380 NORTH 28TH TERRACE HOLLYWOOD FL 33020-1305 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0747007 Not Applicable Zip... Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SWERDLOW, RICHARD ESQ. Street Address (P.O. Box Number is Not Acceptable) 3380 NORTH 28TH TERRACE HOLLYWOOD FL 33020 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete Change TITLE NAME SWERDLOW, RICHARD STREET ADDRESS STREET ADDRESS 3380 NORTH 28TH TERRACE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 Oelete ☐ Addition Ð TITLE TITLE NAME LINK, ANDRES NAME STREET ADDRESS STREET ADDRESS 3380 NORTH 28TH TERRACE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP possible of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information courate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director fecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if like empowered. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and acqui of the corporation or the receiver or trustee empowered to specific 13. I hereby certify that the information supplied with