FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State
07-02-2002 90812 014 ***150.00

DOCUMENT # P97000045493

1. Entity Name

It's a Wireless World! Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6278 N. Federal Hwy.	6278 N. Federal Hwy.
Suite, Apt. #, etc. #206	Suite, Apt. #, etc. #206
City & State Fort. Lauderdale, FL.	City & State Fort. Lauderdale, FL.
Zip 33308 Country U.S.A	Zip 33308 Country U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0559038 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Joseph K. Nofil, P.A.

Street Address (P.O. Box Number is Not Acceptable): 3284 North State Road 7

City: Lauderdale Lakes FL Zip Code: 33319

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: _____ DATE: 4/30/02
(Signature required for printed name of registered agent and title if applicable) (NOTE: New registered agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE P.S.T.D.	TITLE
NAME Ralph E. Potter	NAME
STREET ADDRESS 6343-1 Bay Club Drive	STREET ADDRESS
CITY-ST-ZIP Fort. Lauderdale, Florida 33308	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS 6343-1	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
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TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information indicated 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/02