

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000058737

FILED
Apr 09, 2003
Secretary of State

Entity Name: AMA WIRELESS SPECIALISTS, INC.

Current Principal Place of Business:

4060 SW 30TH AVENUE
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

16541 ROYAL POINCIANA DRIVE
WESTON, FL 33326

New Mailing Address:

4060 SW 30TH AVENUE
FORT LAUDERDALE, FL 33312

FEI Number: 65-0770011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINSON, PAUL
16541 ROYAL POINCIANA DRIVE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

LEVINSON, PAUL
16500 COLLINS AVE
TS-1 #2851
SUNNY ISLES BEACH, FL 33160 US

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: PAUL LEVINSON

04/09/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: OLNOWICH, ANNA
Address: 16541 ROYAL POINCIANA DR
City-St-Zip: WESTON, FL 33326

Title: VTD () Delete
Name: LEVINSON, PAUL
Address: 16541 ROYAL POINCIANA DR
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: OLNOWICH LEVINSON, ANNA
Address: 16500 COLLINS AVE TS-1
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VTD (X) Change () Addition
Name: LEVINSON, PAUL
Address: 16500 COLLINS AVE TS-1
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL LEVINSON

VP

04/09/2003

Electronic Signature of Signing Officer or Director

Date