

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081901

1. Entity Name
HOMESTEAD WIRELESS, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90025 009 ***150.00

Principal Place of Business
15600 SW 288 ST
SUITE 201
HOMESTEAD FL 33033

Mailing Address
15600 SW 288 ST
SUITE 201
HOMESTEAD FL 33033

909592



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
29949 S. Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address
29949 S. Federal Hwy
Suite, Apt. #, etc.

City & State
Homestead FL

City & State
Homestead FL

Zip
33033

Country
USA

Zip
7133033

Country
Dade

4. FEI Number 65-0785719

Applied For
Not Applicable

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

GUEST P.A., JAMES M
15600 SW 288TH ST
STE 201
HOMESTEAD FL 33033

Name
Roy F. Potts Jr.

Street Address (P.O. Box Number is Not Acceptable)
29949 S. Federal Highway

City
Homestead

FL

Zip Code
33033

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Roy F. Potts Jr.

DATE
1/22/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P POTTS, JR R F 29949 S FED HWY HOMESTEAD FL 33033	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POTTS, G A 24401 SW 182 AVE HOMESTEAD FL 33031	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. POTTS, G A 24401 SW 182 AVE HOMESTEAD FL 33031	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POTTS, S 24401 SW 182 AVE HOMESTEAD FL 33031	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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: Roy F. Potts Jr., Pres 1/22/01 3052461000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)