

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90446 038 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027989

1. Entity Name
ASTROTEK WIRELESS, INC.



Principal Place of Business
171 NORTH U.S. HWY 1
TEQUESTA, FL 33469

Mailing Address
171 NORTH U.S. HWY 1
TEQUESTA, FL 33469



2. Principal Place of Business

5349 NW 108th Ave

3. Mailing Address

5349 NW 108th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Ft Lauderdale FL

City & State

Ft Lauderdale FL

4. FEI Number

65-0822781

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

FONTANA, MARCO
171 NORTH U.S. HWY 1
TEQUESTA, FL 33469

Name
Marco Fontana

Street Address (P.O. Box Number is Not Acceptable)
5349 NW 108th Ave

City
Ft Lauderdale

FL

Zip Code
33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JOCELYNNE RAMIREZ vic. president

4-14-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD ☐ Delete
NAME FONTANA, MARCO
STREET ADDRESS 171 NORTH U.S. HWY 1 5349 NW 108th Ave
CITY-ST-ZIP TEQUESTA, FL 33469 Ft Lauderdale 33351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS ☐ Delete
NAME RAMIREZ, JOCELYNNE
STREET ADDRESS 171 NORTH U.S. HWY 1 5349 NW 108th Ave
CITY-ST-ZIP TEQUESTA, FL Ft Lauderdale FL 33351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOCELYNNE RAMIREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

954-741-5222
Daytime Phone #

CH2E034 (10/02)