2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X

FILED DOCUMENT # P98000045309 Mar 28, 2000 8:00 am **Secretary of State** WIRELESS PLANET COMMUNICATIONS CORP. 03-28-2000 90069 015 ***150.00 Mailing Address Principal Place of Business 3969 N FEDERAL HWY 3969 N FEDERAL HWY POMPANO BEACH FL 33064-6042 POMPANO BEACH FL 33064 Principal Place of Business 3. Mailing Address 964 NORM DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0834579 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required: 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRANDAO, MARCOS Street Address (P.O. Box Number is Not Acceptable) 523 TRACE CIR, #205 **DEERFIELD BEACH FL 33441** Zin Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition CR2E034 (9/9) ☐ Delete TITLE TITLE NAME NAME BRANDOS, MARCOS S STREET ADDRESS STREET ADDRESS 523 TREE CIRCLE #206 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Change Addition ☐ Delete TITLE NAME VOSCONCELOS, JOSE SR STREET ADDRESS STREET ADDRESS 4231 NW 9TH AVE CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.