

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90014 009 ***150.00

DOCUMENT # P98000066983

1. Entity Name

WIRECOM RETAIL SERVICES, INC.

Principal Place of Business

Mailing Address

**888 BRICKELL KEY DR., STE. 2802
MIAMI FL 33131**

**888 BRICKELL KEY DR., STE. 2802
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2107670**

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

QURESHI, ROBERT

**888 BRICKELL KEY DR., STE. 2501
MIAMI FL 33131**

Name

Robert Quarshi

Street Address (P.O. Box Number is Not Acceptable)

888 Brickell Key Dr.

Suite 2802

City

Miami

FL

Zip Code

33131

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

Robert Quarshi

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 8 2002

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 **PTS** ☐ Delete
NAME **QUARSH, ROBERT**
STREET ADDRESS **888 BRICKELL KEY DRIVE #2501**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PTS** ☒ Change ☐ Addition
NAME **QUARSHI, Robert**
STREET ADDRESS **888 Brickell Key Dr. #2802**
CITY-ST-ZIP **Miami FLA 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Robert Quarshi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Feb 9 2002

Daytime Phone #

CR2E034 (10/00)