2001 UNIFORM BUSINESS REPORT (UBR)

61.25 AMENDED
8.75
70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -3 PM 1:50

DOCUMENT # P98000066983

1. Entity Name

Wirecom Retail Services Inc.

Principal Place of Business / Mailing Address

501 BRICKELL KEY DR. SUITE 201
MIAMI, FL 33131

2. Principal Place of Business		3. Mailing Address	
501 BRICKELL KEY DR.		501 BRICKELL KEY DR.	
Suite, Apt. #, etc. 201		Suite, Apt. #, etc. 201	
City & State MIAMI		City & State MIAMI FLORIDA	
Zip FL	Country 33131 USA.	Zip 33131	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2112704 ☐ 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
ROBERT QURESHI	Name ROBERT QURESHI
888 BRICKELL KEY DR UNIT 2802	Street Address (P.O. Box Number is Not Acceptable)
MIAMI, FLORIDA 33131	501 BRICKELL KEY DR. SUITE 201
	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 Q... 11.30.01.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PRESIDENT / ROBERT QURESHI / 888 BRICKELL KEY DR. #2802 / MIAMI FLORIDA 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT / KATHY JORDAN / 2190 WOLFTRAP COURT / VIENNA, VA 22182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200004721326 -12/12/01--01080--035 *****70.00 *****70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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 Q... 11.30.01 305-374-1313.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #