FOR PROFIT CORPORATION

FILED Jun 30, 2002 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)					06-30-2002 90229 031 ***150.00			
DOCUMEN 1. Entity Name	NT# 748	10000 (lb 983	3				
WIRE	OM RETA	IL SEDVIC	F (O	احــ				
		, - SEKTIC	5, 40	V				
DO NOT WRITE IN THIS SPACE					B0126270			
2. Principal Place of B	3. Mailing Address	iling Address I BRICKAL KEY OR.						
Suite. Apt. #, etc. SuiTE 201		Suite, Apt. #, etc.		<i>p</i>	· DO NOT WRITE IN THIS SPACE			
City & State MI , FLORIDA		City & State MI AMI, FLORIDA		4. FEI Numb	4. FEI Number Applied For 52 - 211 2704 Not Applied For			
83131	Country A	33(31	Country		of Status Desired	- \$8	Not Applicable .75 Additional	
					Address of Current Re		Required ent	
	DO NOT W	RITE	Name	KOBERT G	URESHI			
	IN THIS SP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Street	501 BRI		DR.		
			City	# 20	<u> </u>		Zi- Cada	
8. The above named e	ntity submits this statement for	the purpose of changing		MIAMI	De la de Contra d'Origina	FL	7 3 3 1 3 1	
	Roberto 6	λ	Pagistasa omas	a registereti agent, or po	.n, in the State of Florida			
SIGNATURESignature, ly	ped or printed name of registered agent a	nd little if applicable, (A	OTE: Registered Agent signs	ture raquirea waca-rainstating)		6 al	02.	
This curporation is e Tax filing requirement	eligible to satisfy its Intangible int and elects to do so.	January 1 After M	May 1 Fee is \$15 ay 1, Fee is \$550.0		ction Campaign Financ	ion	A.	
(See criteria on back	k)	Amend	led UBR is \$61.25 able to Departmer	Te.	st Fund Contribution.		\$5.00 May Be Added to Fees	
11.	OFFICERS AND E	VIRECTORS	A CONTRACTOR OF			400 juli 1		
NAME STREET ADDRESS 501	ERT BURES. BRICKERL H	HI , PRESIDE	NAME				2/01	
i		13 1	CITY ST-ZIP				CRZE034B (12/01)	
TITLE NAME			Time				ZE03	
STREET ADDRESS			NAME. Street adoress			e in the second	, S	
CITY-ST-ZIP			CITY-ST, ZIP	and the second s				
NAME		• • •	- TITLEU: STAR	george () () () () () () () () () (Marie Marie Commission	". Sp. Abric O" Ar	
STREET ADDRESS CITY-S1-ZIP			STREET ADDRESS	D	NOT W	DITE		
TITLE			CTTY-ST-ZIP				•	
NAME STREET ADDRESS			NAME.	IN	THIS SF	ACE		
CHY-S1-ZIP			STIREET ADDRESS CITY-ST-ZIP					
TITLE HAME			TITLE				** #*. * * * * * * * * * * * * * * * * *	
ATREET ADDRESS DITY-ST-ZIP			NAME - STREET ADDRESS - CITY- ST-ZIP					
THE			TITLE					
AME Tree Laddress			NAME STREET ADDRESS		et e			
HY-ST-ZIP			CITY-ST-ZIP	en 1987 : De kalender				
 I hereby certify that the indicated on this report of the corporation or attachment with an ad- 	ie information supplied with thi int or supplemental report is tru the receiver or trustee empow doress with all other like empo	s filing does not qualify for the and accurate and that thered to execute this repo	r the exemption state my signature shall ha rt as required by Ch	ed in Section 119.07(3)(i), we the same legal effect a apter 607. Florida Statute	Florida Statutes, I furthes if made under oath; t	or certify that hat I am an o	the information (ficer or director	
SIGNATURE: _	Rahar + C	wered. h	- -		,		or it dididff	
MOIATURE: _	SIGNATURE AND TYPED OR PRIN	FED NAME OF SIGNING OFFICER	OR DIRECTOR	6/8	1/02 30	25 374 Envilona 104	1313	

Attackment Dit P99 00066983 B0126270

Wirecom Retail Services, Inc. 501 Brickell Key Drive Suite 201 Miami, Florida 33131

June 20, 2002

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Florida 32314

Tax ID # 52-2112704

To Whom It May Concern:

Cohent a

Wirecom Retail Services, Inc. did not receive the necessary forms for timely reinstatement. Please re-instate our status and make note of the **address correction** of the Registered Agent.

Thank you.

Sincerely,

Robert Qureshi President