

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075652

1. Entry Name

Calypso Wireless, Inc.

FILED

01 MAY -3 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6001 Broken Sound Pwy
Suite 510
Boca Raton, FL 33487

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5979 NW 151 ST.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 106

City & State

MIAMI FL.

City & State

4. FEI Number

65-0882255

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

Country

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

Name

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

Corporation Service Company
1201 Hays Street

City Tallahassee

FL

Zip Code
32301

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

Signature of the registered agent and state if applicable.

BRIAN COURTNEY, ASST. V.P.

(NOTE: Registered Agent signature required when remaining)

DATE

5/5/01

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

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 President ☐ Delete
NAME Robert Leon
STREET ADDRESS 5979 NW 151 St. suite 106
CITY-ST-ZIP Miami Lakes, FL 33014

TITLE Director ☐ Change ☒ Addition
NAME Alexandra Molina
STREET ADDRESS 5979 NW 151st. suite 106
CITY-ST-ZIP MIAMI Lakes, FL 33014

TITLE ☒ Delete
NAME Carlos Hermoso
STREET ADDRESS 5979 NW 151 St. suite 106
CITY-ST-ZIP MIAMI Lakes, FL 33014

TITLE Director ☐ Change ☒ Addition
NAME Ricardo Alvarez
STREET ADDRESS 5979 NW 151 st, suite 106
CITY-ST-ZIP MIAMI Lakes, FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(f), 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 Leon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 2, 2001 305 828 1483

Date

Daytime Phone #

CR2E034 (11/00)

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ACCOUNT NO. : 072100000032
REFERENCE : 136122 4336650
AUTHORIZATION : *Patricia Pignatelli*
COST LIMIT : \$ 150.00

ORDER DATE : May 2, 2001
ORDER TIME : 1:44 PM
ORDER NO. : 136122-010
CUSTOMER NO: 4336650

CUSTOMER: Ms. Michelle E. Smith
Baker & Mckenzie
19th Floor
1200 Brickell Avenue
Miami, FL 33131

400004135504--7

ANNUAL REPORT FILING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAY -3 PM 4:52
NOT REPLIED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

NAME: CALYPSO WIRELESS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull-EXT#1115

EXAMINER'S INITIALS: _____