

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097473

1. Entity Name

QUEST WIRELESS CORP.

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90027 002 \*\*\*150.00

Principal Place of Business

2999 N. E. 191ST ST.  
PH 8  
AVENTURA FL 33180

Mailing Address

2999 N. E. 191ST ST.  
PH 8  
AVENTURA FL 33180-3117

2. Principal Place of Business

3001 W HALLANDALE BOY BLVD  
Suite, Apt. #, etc.  
3RD FLOOR

City & State  
HALLANDALE FL

Zip Country  
33009 USA

3. Mailing Address

3001 W HALLANDALE BOY BLVD  
Suite, Apt. #, etc.  
3RD FLOOR

City & State  
HALLANDALE FL

Zip Country  
33009 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0884298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

-DEL MEDICO, REBECCA J ESQ.  
14 TARA LAKES DRIVE EAST  
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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, 2000 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

TITLE CEOP ☒ Delete  
NAME PEREIRA, CAMILO  
STREET ADDRESS 2999 N. E. 191ST ST./PH 8  
CITY-ST-ZIP AVENTURA FL 33180

TITLE VP/S ☒ Delete  
NAME PEREIRA, MAXINE  
STREET ADDRESS 2999 N. E. 191ST ST./PH 8  
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES ☐ Change ☒ Addition  
NAME WAINER, CHARLES  
STREET ADDRESS 2534 NE 206 TERRACE  
CITY-ST-ZIP MIAMI, FL 33180

TITLE COO ☐ Change ☒ Addition  
NAME MAGILL, THOMAS  
STREET ADDRESS 3301 SO OCEAN BLVD # 306  
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE CFO ☐ Change ☒ Addition  
NAME SCAFIDI, JOHN  
STREET ADDRESS 8160 SW 192 STREET  
CITY-ST-ZIP MIAMI FL 33157

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

TITLE ☐ Change ☐ Addition  
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)(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: Thomas K. Magill THOMAS K. MAGILL 04/27/00 954-457-0900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)