

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90412 036 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000101550

1. Entity Name

IN TOUCH WIRELESS COMMUNICATIONS, INC.

Principal Place of Business

4251 N FEDERAL HWY
SUITE 3
BOCA RATON, FL 33431

Mailing Address

4251 N FEDERAL HWY
SUITE 3
BOCA RATON, FL 33431

2. Principal Place of Business
4251 N FEDERAL HWY

Suite, Apt. #, etc.
SUITE 3

City & State
BOCA RATON FLORIDA

Zip
33431

Country
USA

3. Mailing Address

4251 N FEDERAL HWY

Suite, Apt. #, etc.
SUITE 3

City & State
BOCA RATON, FLORIDA

Zip
33431

Country
USA

4. FEI Number
65-0882421

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75

Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HENNINGS, GABRIEL
4251 N FEDERAL HWY
SUITE 3
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name
HENNINGS, GABRIEL
Street Address (P.O. Box Number is Not Acceptable)
4251 N FEDERAL HWY
SUITE 3
City
BOCA RATON FL Zip Code
33431

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 Intan-
gible 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 ☐ \$5.00

Trust Fund Contribution.

May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
HENNINGS, GABRIEL
4251 N FEDERAL HWY SUITE 3
BOCA RATON, FL 33431

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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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:

5/31/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)