

2002 UNIFORM BUSINESS REPORT (UBR)

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

06-05-2002 90413 042 ***150.00

DOCUMENT # P98000101558

1. Entity Name

WIRELESS CENTER USA, 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
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2. Principal Place of Business 4251 N FEDERAL HWY	3. Mailing Address 4251 N FEDERAL HWY
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Suite, Apt. #, etc. SUITE 3	Suite, Apt. #, etc. SUITE 3
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City & State BOCA RATON, FLORIDA	City & State BOCA RATON, FLORIDA
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Zip 33431	Country USA	Zip 33431	Country USA
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4. FEI Number 65-0882129	Applied For <input type="checkbox"/> Additional Fee Required
5. Certificate of Status Desired <input type="checkbox"/> \$8.75	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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HENNIGS, VALENTINA
 4251 N FEDERAL HWY
 SUITE 3
 BOCA RATON, FL 33431

Name HENNIGS, VALENTINA
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 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 ☐ \$5.00
 Trust Fund Contribution. 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	<input type="checkbox"/> Delete D HENNIGS, GABRIEL SUITE 3 BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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