

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105128

1. Entity Name

CONTACT WIRELESS, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90164 025 ***150.00

Principal Place of Business

~~8150 SW 8TH ST.~~
~~MIAMI FL 33144~~

Mailing Address

~~8150 SW 8TH ST.~~
~~MIAMI FL 33144~~

2. Principal Place of Business

11449 N.W. 34 Street

Suite, Apt. #, etc.

3. Mailing Address

11449 N.W. 34 Street

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI, FL.,

4. FEI Number

65-0883333

Applied For

Not Applicable

Zip
33178

Country
USA

Zip
33178

Country
USA

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

~~OUTIERREZ, JOSE M~~
~~9529 S.W. 154TH AVENUE~~
~~MIAMI FL 33196~~

Name
MARIBEL LUNA

Street Address (P.O. Box Number is Not Acceptable)
11449 N.W. 34 Street

City
Miami

FL

Zip Code
33178

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

Maribel Luna
Signature typed or printed name of registered agent and title if applicable.

MARIBEL LUNA

4/23/01

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LUNA, MARIBEL
~~8150 SW 8TH ST.~~
~~MIAMI FL 33144~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
11449 N.W. 34th Street
Miami, Fl., 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

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☐ Delete

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

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:

Maribel Luna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIBEL LUNA

Date

\$?(#?)!

Daytime Phone #

CR2E034 (10/00)