

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030170

1. Entity Name

WIRELESS 411, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90036 016 \*\*\*150.00

Principal Place of Business

Mailing Address

2939 N. FEDERAL HIGHWAY  
FT LAUDERDALE FL 33306

2939 N. FEDERAL HIGHWAY  
FT LAUDERDALE FL 33306-1401

2. Principal Place of Business

3. Mailing Address

312V N. FEDERAL HWY  
Suite, Apt. #, etc.

312V N. FEDERAL HWY  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

LIGHTHOUSE POINT, FL

LIGHTHOUSE POINT, FL

4. FEI Number

65-0911282

Applied For

Not Applicable

Zip

Country

Zip

Country

33064

33064

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

STRUM, DAVID  
181 SHORE DRIVE SOUTH  
MIAMI FL 33133

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
GLAUSER, STUART H  
2939 N. FEDERAL HIGHWAY  
FT LAUDERDALE FL 33306

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DAVID STRUM  
312V N. FEDERAL HIGHWAY  
LIGHTHOUSE POINT, FL 33064

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 1/26/00

✓ 954-390-0991