

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90005 040 \*\*\*158.75

DOCUMENT # **299000034840**

1. Entity Name

**NETSTAR Wireless Solutions, Inc**

Principal Place of Business

Mailing Address

**6848 49TH STREET NORTH 6848 49TH ST. NORTH**

**C0070861**

**Pinellas Park, FL 33871 Pinellas Park, FL 33871**

2. Principal Place of Business

3. Mailing Address

**6848 49TH ST. NORTH**

**6848 49TH ST. NORTH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Pinellas Park**

City & State

**Pinellas Park**

4. FEI Number

**59-3567825**

Applied For

Not Applicable

Zip

Country

**33871**

**Pinellas**

Zip

Country

**33871**

**Pinellas**

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

**CAESAR CARDENAS**

Name

**CAESAR CARDENAS**

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

**2533 Feather Sound DRIVE #A403**

**2533 Feather Sound DRIVE**

**A403**

City

**CLEARWATER, FL. 33762**

**CLEARWATER**

FL

Zip Code

**33762**

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!!**  
**After MAY 1, 2001**  
**Make Check Payable to Department of State**

**FEE IS \$150.00**  
**Fee will be \$550.00**  
**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 **V-P** ☒ Delete  
NAME **DAVID CHONG**  
STREET ADDRESS **4707 140TH AVE. NORTH**  
CITY-ST-ZIP **CLEARWATER, FL. 33762**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **CAESAR CARDENAS**  
STREET ADDRESS **6848 49TH STREET NORTH**  
CITY-ST-ZIP **PINELLAS PARK, FL. 33871**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/24/01**

**727**

**535-9600**

CR2E034 (11/00)