

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000054360**

1. Entity Name

CENTURY WIRELESS, INC.**FILED**
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90190 038 ***150.00

103013

DO NOT WRITE IN THIS SPACE

Principal Place of Business

7100-25 FAIRWAY DRIVE
PALM BEACH GARDENS FL 33418

Mailing Address

7100-25 FAIRWAY DRIVE
PALM BEACH GARDENS FL 33418-3782

2. Principal Place of Business

7100-25 FAIRWAY DR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#25

City & State
PALM BEACH GARDENS FL

City & State

4. FEI Number

65-0930698

Applied For

Not Applicable

Zip

33418

Country

PALM BEACH

Zip

Country

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**STURZA, JEFFREY A
270 FANSHAW G
BOCA RATON FL 33434

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 State10. 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 **STUART STURZA Pres.** ☐ DeleteSTREET ADDRESS **270 FANSHAW G.**
CITY-ST-ZIP **BOCA RATON FLORIDA 33434**TITLE NAME **Jeffrey Sturza VP** ☐ DeleteSTREET ADDRESS **270 FANSHAW G.**
CITY-ST-ZIP **BOCA RATON FLORIDA 33434**TITLE NAME ☐ DeleteSTREET ADDRESS ☐ DeleteCITY-ST-ZIP ☐ DeleteTITLE NAME ☐ DeleteSTREET ADDRESS ☐ DeleteCITY-ST-ZIP ☐ DeleteTITLE NAME ☐ DeleteSTREET ADDRESS ☐ DeleteCITY-ST-ZIP ☐ DeleteTITLE NAME ☐ DeleteSTREET ADDRESS ☐ DeleteCITY-ST-ZIP ☐ DeleteTITLE NAME ☐ DeleteSTREET ADDRESS ☐ DeleteCITY-ST-ZIP ☐ DeleteTITLE NAME ☐ DeleteSTREET ADDRESS ☐ DeleteCITY-ST-ZIP ☐ DeleteTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-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:**STUART H. STURZA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-25-00**
Date**561-775-3331**
Daytime Phone #

CR/E034 (9/99)