

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066254

1. Entity Name

1 STOP WIRELESS SERVICE, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90018 012 ***550.00

Principal Place of Business

9313 GREEN MEADOWS WAY
PALM BEACH GARDENS FL 33418

Mailing Address

9313 GREEN MEADOWS WAY
PALM BEACH GARDENS FL 33418-5769

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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]* SHARON FLICKSTEIN, President

(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. ☐

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 PSD
NAME FLICKSTEIN, SHARON
STREET ADDRESS 9313 GREEN MEADOWS WAY
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE PSD
NAME Sharon Flickstein
STREET ADDRESS 412 Foresta Ter.
CITY-ST-ZIP W.P.B., FL 33415

TITLE VTD
NAME GLEASMAN, KELLY
STREET ADDRESS 9313 GREEN MEADOWS WAY
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 12014 (1/99)