

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 28, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000079831**

1. Entity Name  
**WIRELESS BOUTIQUE, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>15540 S.W. 156 AVE.<br><br>MIAMI FL 33187 | Mailing Address<br>15540 S.W. 156 AVE.<br><br>MIAMI FL 33187 |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>10201 HAMMOCKS BLVD<br><br>Suite, Apt. #, etc.<br># 279 | 3. Mailing Address<br>10201 HAMMOCKS BLVD<br><br>Suite, Apt. #, etc.<br># 279 |
|---|---|

|                          |                          |
|--------------------------|--------------------------|
| City & State<br>MIAMI FL | City & State<br>MIAMI FL |
|--------------------------|--------------------------|

|              |         |              |         |
|--------------|---------|--------------|---------|
| Zip<br>33196 | Country | Zip<br>33196 | Country |
|--------------|---------|--------------|---------|

DO NOT WRITE IN THIS SPACE

|               |  |
|---------------|--|
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
|---------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br>SPIEGEL & UTRERA, P.A.<br>343 ALMERIA AVE.<br><br>CORAL GABLES FL 33187<br>US | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>FL</b> 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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable

04/28/2000  
DATE

|  |   |   |
|--|---|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|---|

| 11. OFFICERS AND DIRECTORS |                      |  |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                      |  |                                   |
|----------------------------|----------------------|--|--|---|----------------------|--|-----------------------------------|
| TITLE                      | VTD                  | <input type="checkbox"/> Delete            |  | TITLE   | TDPS                 | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | JOLLY PREET KANWAL K |  |  | NAME  | JOLLY PREET KANWAL K |  |                                   |
| STREET ADDRESS             | 15540 S.W. 156 AVE.  |  |  | STREET ADDRESS  | 15540 S.W. 156 AVE.  |  |                                   |
| CITY-ST-ZIP                | MIAMI FL 33187       |  |  | CITY-ST-ZIP   | MIAMI FL 33187       |  |                                   |
| TITLE                      | PSD                  | <input checked="" type="checkbox"/> Delete |  | TITLE   |                      | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       | ARORA DAVINDER P.S.  |  |  | NAME  |                      |  |                                   |
| STREET ADDRESS             | 15540 S.W. 156 AVE.  |  |  | STREET ADDRESS  |                      |  |                                   |
| CITY-ST-ZIP                | MIAMI FL 33187       |  |  | CITY-ST-ZIP   |                      |  |                                   |
| TITLE                      |                      | <input type="checkbox"/> Delete            |  | TITLE   |                      | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       |                      |  |  | NAME  |                      |  |                                   |
| STREET ADDRESS             |                      |  |  | STREET ADDRESS  |                      |  |                                   |
| CITY-ST-ZIP                |                      |  |  | CITY-ST-ZIP   |                      |  |                                   |
| TITLE                      |                      | <input type="checkbox"/> Delete            |  | TITLE   |                      | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       |                      |  |  | NAME  |                      |  |                                   |
| STREET ADDRESS             |                      |  |  | STREET ADDRESS  |                      |  |                                   |
| CITY-ST-ZIP                |                      |  |  | CITY-ST-ZIP   |                      |  |                                   |
| TITLE                      |                      | <input type="checkbox"/> Delete            |  | TITLE   |                      | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       |                      |  |  | NAME  |                      |  |                                   |
| STREET ADDRESS             |                      |  |  | STREET ADDRESS  |                      |  |                                   |
| CITY-ST-ZIP                |                      |  |  | 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: JOLLY P. \_\_\_\_\_ DATE: 04/28/2000