

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 15540 S.W. 156 AVE. MIAMI FL 33187	Mailing Address 15540 S.W. 156 AVE. MIAMI FL 33187
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2. Principal Place of Business 10201 HAMMOCKS BLVD Suite, Apt. #, etc. # 279	3. Mailing Address 10201 HAMMOCKS BLVD Suite, Apt. #, etc. # 279
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33196	Country	Zip 33196	Country
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVE. CORAL GABLES FL 33187 US		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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) DATE **04/28/2000**

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"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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