## FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 08, 2000 8:00 am Secretary of State DOCUMENT # P99000080510 1. Entity Name MIAMI GO WIRELESS, INC. 05-08-2000 90146 049 \*\*\*158.75 Principal Place of Business Mailing Address 1390 N# 35 STREET 1390 NE 35 STREET DUUVBBUZ MIAMI FL 33142 MIAMI FL 33142-5548 2. Principal Place of Business 3. Mailing Address 1390 N.W. 35th STREET 5704 NW. 2 NO AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0954356 33127-1608 MIANI, FLOEIDA 33142·5548 Not Applicable MIANI, FLORIDA Country 5. A Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired X J.S.A Pee Required 33127-1608 33142-55<del>4</del>8 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUZMAN, DEXTER 1390 NE 35 STREET **MIAMI FL 33142** City 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 ture, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PSD Change ☐ Delete PSD TITLE GUZLIAN, DEXTER 1390 U.W. 35+11 STREET **GUZMAN. DEXTER** NAME STREET ADDRESS STREET ADDRESS 1390 NE 35 STREET CITY-ST-ZIP MIAMI, FLORIDA 33142-5! CITY-ST-ZIP **MIAMI FL 33142** TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

mcm> SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP