## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 17, 2001 8:00 am Secretary of State DOCUMENT # **P99000082321** 1. Entity Name WIRELESS HAINCOAT, INC. 04-17-2001 90044 018 \*\*\*150 00 Principal Place of Business Mailing Address 2755 E OAKLAND PARK BLVD 2755 E OAKLAND PARK BLVD 101 303 FORT LAUDERDALE FL 33306 JOH 3 0 3 FORT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. Suite 303 DO NOT WRITE IN THIS SPACE 300 4. FEI Number 65-0971244 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JANE, PAUL J 2755 E OAKLAND PARK BLVD #101 FORT LAUDERDALE FL 33306 8. The above named ently submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. D TITLE TITLE ☐ Delete SADRIWALLA, ABBAS A. 2755 E. Oakland Park Blud. Svite 303 Ft. Landerdale, Tr. 33306 NAME NAME SADRIWALLA, ABBAS A STREET ADDRESS STREET ADDRESS 2400 E. COMMERCIAL BLVD. #630 Ft. Laudenaure, BROWN, NATHANIEL 2755 E. Oakland Padk. Blud. 5 uite 303 Ft. Laudenaure Change Maddition CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Detete TITLE TITLE NAME BROWN, NATHANIEL NAME STREET ADDRESS STREET ADDRESS 2400 E. COMMERCIAL BLVD. #630 CITY-ST-ZIP CITY-ST-7/P FT. LAUDERDALE FL 33308 TITLE ☐ Delete TITLE LANE, PAUL J. 2755 E- Oakland Park Blud. Sur #303 Ft. Lan Andak, Ft. - 33306 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABBAS A. SADRIWALLA, RES. 04-10-01 (954) 566-099

Date

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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: