FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** 

DOCUMENT # P99 900084954 1. Entity Name CRR WIFELESS, FNC

SIGNATURE:



## Apr 03, 2003 8:00 am Secretary of State 04-03-2003 90143 039 \*\*\*158.75

		7		
DO NOT WRIT	E IN THIS SP	ACE		
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 4771 NW Suite, Apt. #, etc.	167ths,	DO NOT WRITE IN TH	IIS SPACE
Suite, Apr. H, Clo.			001101 WIIIE IIV W	
Mam, fla	City & State NUONU	<del></del>	4. FEI Number 65-0953432	Applied For Not Applicable
33055 Country CA.	Zip	Country	5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
		Name O	7. Name and Address of Current Register	ered Agent
DO NOT V	VRITE	Street Address (	P.O. Boy Number is Nat Acceptable)	
IN THIS S		4771	NW 16751	
	1 AUL		<u> </u>	- 1
		City MOI	u pla F	L 3300
<ol><li>The above named entity submits this statemen the obligations of registered agent.</li></ol>	t for the purpose of changing its re	egistered office or register	ed agerft, or both, in the State of Florida. I a	m familiar with, and accept
SIGNATURE (latin f	edroza		3/3	1/03
Signature, typed or printed name of registered ag January 1 - May 1 Fee is \$150.00	pent and title if app cable. (NOTE:	Registered Agent signature required	,	E/
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department	of State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. OFFICERS AI	ND DIRECTORS			
NAME Cecilia tedra	Za (MSIDENT)	TITLE		
STREET ADDRESS 2770 W GG	la 33016	STREET ADDRESS. CITY ST-ZIP		
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12. I hereby certify that the information supplied vindicated on this report or supplemental report of the corporation or the receiver or trustee e attachment with an address, with all other like.	rt is true and accurate and that my	signature shall have the s	same legal affect as if made under gath; tha	t Lam an officer or director L