

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 08, 2000 8:00 am
Secretary of State

DOCUMENT # P99000085197

1. Entity Name
WIRELESS 2000, INC

Principal Place of Business

Mailing Address

1751 E. COMMERCIAL BLVD.
 FT. LAUDERDALE FL 33334

1751 E. COMMERCIAL BLVD.
 FT. LAUDERDALE FL 33334-5737

2. Principal Place of Business

3. Mailing Address

1751 E. COMMERCIAL BLVD **1751 E. COMMERCIAL BLVD**
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

FT. LAUDERDALE, FL **FT. LAUDERDALE FL**

Zip

Country

Zip

Country

33334 **Broward** **33334** **Broward**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BALDEON, ENOE
5748 N.W. 199ST.
MIAMI FL 33015

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 *Enoe Baldeon*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

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. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME **PRESIDENT**
ENOE BALDEON
 STREET ADDRESS **5748 NW 199ST**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Change ☐ Addition

NAME ☐ Delete

TITLE ☒ PRESIDENT
 NAME **FABIAN PESANTES**
 STREET ADDRESS **5748 NW 199ST**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Change ☒ Addition

NAME ☐ Delete

TITLE ☐ Delete

NAME **PRESIDENT**
 STREET ADDRESS **5748 NW 199ST**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Change ☐ Addition

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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: *Enoe Baldeon* **ENOE BALDEON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 **954-925-8009**
 Date Daytime Phone #

CR2E034 (9/99)