2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 21, 2001 8:00 am Secretary of State DOCUMENT # P99000090596 05-21-2001 90345 035 ***150.00 2000 WIRELESS INC. Principal Place of Business Mailing Address 483 N FEDERAL HWY 483 N FEDERAL HWY 000000 **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0955334 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DECKER, ROBERT Street Address (P.O. Box Number is Not Acceptable) 483 N. FEDERAL HWY PLEASE, I WAS IN A **BOCA RATON FL 33432** BAD ACCIDENT +WAS IN THE HOSPITAC! PLEASE ACCEPT MY VITECK FOR \$150.00 Zip Code FL ate of Florida. 8. The above named entity submits this statement for the purpose SIGNATURE Signature, typed or printed name of registered agent and title if applica 9. This corporation is eligible to satisfy its Intangible npaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Contribution. Added to Fees (See criteria on back) ES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTOR 11. ☐ Addition ☐ Change **PRES** TITLE DECKER, ROBERT J NAME STREET ADDRESS **483 N FEDERAL HWY** CITY-ST-ZIP **BOCA RATON FL 33432** Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRE CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE 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 impowered 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.

FILED

5-16-01

Daytime Phone #