

**FILED**  
**Jun 15, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90216 028 \*\*\*150.00

REPORT (UBR)

00092767

WAMER.COM, INC.

Principal Place of Business 13499 BISCAYNE BLVD., SUITE 1410 N. MIAMI FL 33181		Mailing Address 13499 BISCAYNE BLVD., SUITE 1410 N. MIAMI FL 33181	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FIORÉ, FRANK A. N.  
 13499 BISCAYNE BLVD., SUITE 1410  
 N. MIAMI FL 33181

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when harvesting)

DATE

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIORÉ, FRANK A 13499 BISCAYNE BLVD., SUITE 1410 N. MIAMI FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIORÉ, RICARDO 1412 PINEHURST DRIVE COPELL TX 75019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIORÉ-ROCHA, CLAUDIA P 9159 S.W. 77TH AVENUE MIAMI FL 33158 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 JAN 2001 (305) 944-9333  
 Date Daytime Phone #

CR2E034 (10/00)

Form **SS-4**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

65-1100104

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <u>Net-roamer.com INC.</u>	
	2 Trade name of business (if different from name on line 1) <u>Net-roamer</u>	3 Executor, trustee, "care of" name <u>FRANK A. FIORE</u>
	4a Mailing address (street address) (room, apt., or suite no.) <u>13499 BISCAYNE BLVD. #1410</u>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <u>N. MIAMI, FL 33181</u>	5b City, state, and ZIP code
	6 County and state where principal business is located <u>DADE COUNTY, FLORIDA</u>	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► <u>FRANK A. FIORE 053-34-1558</u>	

**8a Type of entity (Check only one box.) (see instructions)**

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN)                    | <input type="checkbox"/> Estate (SSN of decedent)  |
| <input type="checkbox"/> Partnership                              | <input type="checkbox"/> Plan administrator (SSN)  |
| <input type="checkbox"/> REMIC                                    | <input checked="" type="checkbox"/> Other corporation (specify) ► <u>FLORIDA C CORP.</u> |
| <input type="checkbox"/> State/local government                   | <input type="checkbox"/> Trust   |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military                                     |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable)  |
| <input type="checkbox"/> Other (specify) ►                        |  |

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated

State <u>FLORIDA</u>	Foreign country
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**9** Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ► <u>INTERNET ASP</u>	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

**10** Date business started or acquired (month, day, year) (see instructions)  
OCTOBER 18 1999

**11** Closing month of accounting year (see instructions)  
DECEMBER

**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . NOT KNOWN - NONE PAID YET

**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions) . . . . .

Nonagricultural <u>0</u>	Agricultural <u>0</u>	Household <u>0</u>
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**14** Principal activity (see instructions) ► INTERNET ROAMING ACCESS

**15** Is the principal business activity manufacturing? . . . . . ☐ Yes ☒ No  
If "Yes," principal product and raw material used ►

**16** To whom are most of the products or services sold? Please check one box.  
☐ Public (retail) ☒ Other (specify) ► INDIVIDUALS OVER INTERNET ☐ Business (wholesale) ☐ N/A

**17a** Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No  
Note: If "Yes," please complete lines 17b and 17c. OTHER BUSINESS

**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► FRANK A. FIORE Trade name ►

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed  
7/7/93 FLORIDA MIAMI, FLORIDA

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) ( )
Fax telephone number (include area code) ( )

Name and title (Please type or print clearly) ►

Signature ► Date ►

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo	Ind	Class	Size	Reason for applying
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Copy mailed