

5/23 5/

FILED
Jul 06, 2001 8:00 am
Secretary of State

05-23-2001 91162 022 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106422

Entity Name

WIRELESS CONNECTION CORP.

UA

Principal Place of Business

17 EAST SAMPLE ROAD
POMPANO BEACH FL 33064

Mailing Address

587 EAST SAMPLE ROAD
POMPANO BEACH FL 33064

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0949592

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name JOSEPH K. NOFIL

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

3284 N. STATE ROAD 7

City LAUDERDALE LAKES FL Zip Code 33319

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

(NOTE: If a person's name is required when notarizing)

5/1/01

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

TITLE	PD	☐ Delete
NAME	PLUMMER, BARBARA	
STREET ADDRESS	587 EAST SAMPLE ROAD	
CITY-STATE-ZIP	POMPANO BEACH FL 33064	
TITLE	VD	☒ Delete
NAME	HUNTLEY, REGINA	
STREET ADDRESS	587 EAST SAMPLE ROAD	
CITY-STATE-ZIP	POMPANO BEACH FL 33064	
TITLE	STD	☐ Delete
NAME	BRADWELL, RICKY	
STREET ADDRESS	587 EAST SAMPLE ROAD	
CITY-STATE-ZIP	POMPANO BEACH FL 33064	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 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 in an attached list with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Required