

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90099 047 ***150.00

DOCUMENT # S37847

1. Entity Name
ATC WIRELESS SERVICES, INC.



Principal Place of Business

1665 W. 68 ST
201
HIALEAH FL 33014
US

Mailing Address

ATC SERVICES, INC.
1665 W 68TH STREET
HIALEAH FL 33014
US

2. Principal Place of Business

6135 NW 167th ST.

Suite, Apt. #, etc.
E-27

City & State
MIAMI FL.

Zip
33015

Country
DADE

3. Mailing Address

6135 NW 167th ST.

Suite, Apt. #, etc.
E-27

City & State
MIAMI FL.

Zip
33015

Country
DADE



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0270467

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DE LA TORRE, GRACE
6135 N.W. 167TH STREET
E-27
MIAMI FL 33015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete
NAME DE LA TORRE, GRACE
STREET ADDRESS 6135 N.W. 167TH STREET, E-27
CITY-ST-ZIP MIAMI FL 33015

TITLE VSD ☐ Delete
NAME DE LA TORRE, RODOLFO
STREET ADDRESS 6135 N.W. 167TH STREET, E-27
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 03/25/03 (305) 823-6035 Daytime Phone #

CR2E034 (10/02)