

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K78100

1. Entity Name

GENERAL PAGING & TELECOMMUNICATIONS COMPANY, INC

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90122 010 ***150.00

Principal Place of Business

Mailing Address

P. O. BOX 2866
 HIALEAH FL 33012
 US

P. O. BOX 2866
 HIALEAH FL 33012-0866
 US

2. Principal Place of Business

3. Mailing Address

PO Box 22866

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah FL

4. FEI Number

65-0256492

Applied For

Not Applicable

Zip

Country

Zip

Country

33002 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAVEZ, JUAN C
 516 SW 57 AVE #207
 S207
 MIAMI FL 33126

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 reinstating)

DATE

4-14-2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	P	<input checked="" type="checkbox"/> Delete
NAME	CHAVEZ, CARMELINA	
STREET ADDRESS	516 NW 57 AVE S207	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHAVEZ, JUAN C	
STREET ADDRESS	516 NW 57 AVE #207	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

4-14-2000 305-262-2145

CR2E034 (9/99)