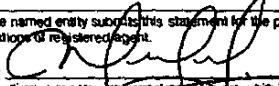
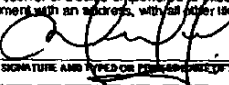


FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90096 029 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #V12377		
1. Entity Name BEST BEEPERS & CELLULARS, INC.		
Principal Place of Business 2360 WEST 68TH ST SUITE 123 HIALEAH, FL 33016 US		Mailing Address 2360 WEST 68TH ST SUITE 123 HIALEAH, FL 33016 US
2. Principal Place of Business 3700 PALM AVENUE		3. Mailing Address 3700 PALM AVENUE
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State HIALEAH, FLORIDA		City & State HIALEAH, FLORIDA
Zip 33012	Country U.S.A.	Zip 33012
Country U.S.A.		4. FEI Number 65-0385472
5. Certificate of Status Desired ☐		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROCA, MARILDA 7904 WEST DRIVE APT. 203 NORTH BAY VILLAGE, FL 33141		7. Name and Address of New Registered Agent MARILDA ROCA Street Address (P.O. Box Number is Not Acceptable) 7904 WEST DRIVE APT. 310 NORTH BAY VILLAGE FL 33141
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  DATE		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE ROMANAA, GIOMAR 12504 NW 11 LANE MIAMI, FL 33182	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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, without prior the empowered.		
SIGNATURE:  DATE		