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	Mailing Address
2360 WEST 68TH ST SUITE 123 HIALEAH, FL 33016 US	2360 WEST 68TH ST SUITE 123 HIALEAH, FL 33016 US

2. Principal Place of Business	3. Mailing Address
3700 PALM AVENUE	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.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0365472 ☐ 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
Name: MARILDA ROCA
Street Address (P.O. Box Number is Not Acceptable): 7904 WEST DRIVE
APT. 310
City: NORTH BAY VILLAGE FL Zip Code: 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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 Daytime Phone #