

2002

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90294 008 ***158.75

DOCUMENT # P98000000062

1. Entity Name

BETTER COMMUNICATIONS GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16434 STONEHAVEN ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI LAKES, FL.

City & State

4. FEI Number

65-0835548

Applied For

Not Applicable

Zip 33014

Country USA

Zip

Country

5. Certificate of Status Desired

☒\$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name YAPOR, ARACELI

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

16434 STONEHAVEN ROAD

City MIAMI LAKES

FL

Zip Code

33014

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 the corporation.

(NOTE: Registered Agent signature required when re-stating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so
(See criteria on back)☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$250.00

Amended UBR is \$51.25

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	SD
NAME	YAPOR, ARACELI
STREET ADDRESS	16434 Stonehaven Rd.
CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARACELI YAPOR (D)

4/29/02

305-362-3033

Date

Daytime Phone #

CR2E034B (12/01)