## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P93000073375

1. Entity Name

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FAST PAGE BEEPER, INC.

04-17-2000 90090 014 \*\*\*150.00 Principal Place of Business Mailing Address 1230 W. 61ST PLACE 1230 W. 61ST PLACE HIALEAH FL 33012-6315 HIALEAH FL 33012 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0445767 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAPEZ, RAYMOND J SR Street Address (P.O. Box Number is Not Acceptable) 1230 W. 61ST PLACE HIALEAH FL 33012 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition DP Change ☐ Delete TITLE PAPEZ. RAYMOND J SR NAME NAME 1230 W. 61ST PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Change Addition DVST ☐ Delete TITLE TITLE PAPEZ, DORIS W NAME NAME STREET ADDRESS STREET ADDRESS 1230 W. 61ST PLACE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

4-10-2000 305-8

Apr 17, 2000 8:00 am Secretary of State

☐ Change

☐ Addition