2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P94000028334** Mar 09, 2000 8:00 am 1. Entity Name **Secretary of State** TELEBEEPER CONNECTION, INC. OF BROWARD 03-09-2000 90097 027 ***158.75 Principal Place of Business Mailing Address 1440 NORTH STATE RD. 7 1440 NORTH STATE ROAD 7 MARGATE FL 33063-2847 MARGATE FL 33063 3. Mailing Address 3161 W. OAKLARO OK BLVQ 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 1030 Applied For 4. FEI Number City & State 65-0580106 Not Applicable \$8.75 Additional 5. Certificate of Status Desired BROWARD Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Box Number is Not Acceptable) VAZQUEZ, RAYMOND Street Address (P.Q GARK BUIL #1020 W. DAKLANA 1440 N STSTE ROAD 7 MARGATE FL 33063 OAKLAND 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE NAME NAME VAZQUEZ, RAYMOND 1440 N STATE ROAD 7- 3161 W. DALIAND AKOLO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITI F VAZQUEZ, RAYMOND 3/6/ W. OAKIANO OK BILID NAME NAME STREET ADDRESS STREET ADDRESS 1440 NORTH STATE RD: 7 OA KLARD PK. Gf. 23511 CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITL F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

☐ Addition