2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P95000008128

1. Entity Name

J BEEPER, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90226 048 ***150.00

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Principal Place of Business 1710 W 45TH ST BOOTH N-5-6		Mailing Address 1710 W 45TH ST BOOTH N-5-6	1710 W 45TH ST BOOTH N-5-6							
WEST PALM	BEACH FL 33407	WEST PALM BEACH F	L 33407							
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			T (11:15) 11:11				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number 65-0551353			pplied For ot Applicable]	
Zìp	Country	Zip	Countr	у	5. Certificate of	Status Desired	\$8.75 Ad		1	
	6. Name and Address of Cur	rent Registered Agent	1		7. Name and Ad	dress of New Registere	•		ľ	
NORTH M	E. 2ND COURT IIAMI BEACH FL 33179		-	Cy Est;	Pour B	Not Acceptable)	L Zio Coo			
signature F	a named entity submits this statemer ions of registered agent. Signature, typed or printed name of registered agent. ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.	Jagent and title if applicable. (N	d Ka		d when reinstating) 9. Electic		<u>ر</u> د ـ ر \$5.0	and accept O May Be d to Fees		
<u> </u>	R Payable to Florida Departmen			•						
TITLE	PD OFFICERS A	AND DIRECTORS Delete	11.		ADDITIONS/CH	ANGES TO OFFICERS AN	ND DIRECTOR Change	S IN 11 Addition	٤	
NAME STREET ADDRESS CITY-ST-ZIP	Hamdan, Majed 20026 Ne 2ND Court North Miami Beach FL 33:	•	NAME STREET CITY-S	T ADDRESS ST-ZIP	Ayeel	KAKKY VIEW AND BULK	334	•	-034 /10/02	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS	les i follow	1360 04 "	☐ Change	☐ Addition	CR2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			☐ Change	☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-SI	ADDRESS T-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)(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 or relief the empowered.

Daytime Phone #