Apr 25, 2001 8:00 am Secretary of State

04-25-2001 90076 012 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010998

1. Entity Name

SPEEDY PAGING COMMUNICATIONS, INC.

Principal	Place of	f Business
	-	

Mailing Address

8518 S.W. 40 STREET 8518 S.W. 40 STREET MIAMI FL 33155 MIAMI FL 33155				• * • • • •				
2. Principal	Place of Business	3. Mailing Address	<u>, ,</u>					
				1 1991/2017 410 18101 41611 08114 88161 88161 88161 11811 88110 1816 1816				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State City & State				4. FEI Number 65-0559125 Applied For				
					00 0000 100			Not Applicable
Zip	Country	Zip	Count	У	5. Certificate of Sta	Certificate of Status Desired \$8.75 Addi		
	6 Name and Address of Current	Registered Agent	·		7. Name and Addr	ess of New Registere		
				Name				
Guarino ^{),} pat 8518 s.w. 40 street			Street Address (P.0	ss (P.O. Box Number is Not Acceptable)				
MIAI	MI FL 33155							
				City	-	F	Zip Co	de
8. The above	named entity submits this statement for	the purpose of changing its	registered	d office or registered	Lagent, or both, in the	ne State of Florida	1	
				3				
SIGNATURE								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	Agent signature required wh	en reinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!!					00 14 5			
		After MAY 1, 200 Make Check Payab						00 May Be ed to Fees
11.	<u> </u>			·- · · · · · · · · · · · · · · · ·	ADDITIONS	050 70 0550550 41	ID DIDEOTO	20 11 11
TITLE	OFFICERS AND DIRECTORS 12. DPT		TITLE	1	ADDITIONS/CHAN	IGES TO OFFICERS AN		
NAME	GUARINO, PAT	☐ Delete	NAME				☐ Change	Addition
STREET ADDRESS	6285 SW 35 ST.		STREET	ADDRESS				'
CITY-ST-ZIP	MIAMI FL 33155		CITY-S	T-ZIP				'
TITLE	DVS	□ Delete	TITLE		7-8 <u>L</u>	-	☐ Change	☐ Addition
NAME	GUARINO, MARGARITA		NAME				_ ,	
STREET ADDRESS	6285 SW 35 ST.		STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33155		CITY-S	T-ZiP				
TITLE	THE STATE OF THE S	- Delete	- TITLE		~· · -		- Change	☐ Addition
NAME			NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-S	T-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-7/P			AITV C	7 7ID				I

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

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MARGARITA GUARINO uarmo TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

☐ Change

Addition

Addition