FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90070 033 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001921 ✓

1. Entity Name

SOUTH BEACH BEEPERS & TELECOMMUNICATIONS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
South Beach BEEPERS & Telecommunications Inc.	710 WASHINGTON Ave.
Suite, Apt. #, etc. 710 CU-10	Suite, Apt. #, etc. CU-10
City & State MIAMI BEACH, FLORIDA	City & State MIAMI BEACH, FL.
Zip 33139 Country U.S.A.	Zip 33139 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0631300 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name BAHJAT-SIBAI, BADRIEH

Street Address (P.O. Box Number is Not Acceptable) 710 WASHINGTON AVE CU-10

City MIAMI, FL Zip Code 33139

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	BAJHAT-SIBAI, BADRIEH, PRESIDENT 710 WASHINGTON AVE MIAMI BEACH, FL.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR HEKAL SIBAI 319 S. 14TH AVE HOLLYWOOD, FL 33020
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ABDUL-E, SIBAI 710 WASHINGTON AVE MIAMI BEACH, FL. 33139
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-27-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #