FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jul 07, 2000 8:00 am Secretary of State DOCUMENT # P96000004623 1. Entity Name 07-07-2000 90395 007 ***150.00 CORPORATE BEEPERS, INC. Mailing Address Principal Place of Business 1720 SW 72ND COURT 1720 SW 72ND COURT MIAMI FL 33155-1544 MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business 13<u>450 SW</u> 815 NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0648774 Not Applicable liami Miam \$8.75 Additional 5. Certificate of Status Desired Fee Required 3125 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Navarro 10/aine NAVARRO, YOLAINE Street Address (P.O. Box Number is Not Acceptable) 801 NW 37TH STREET **MIAMI FL 33125** 5 NW 37AVC 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 12. 11. Change Navarno Volaine TITLE Delete TITLE NAME DUVAL, HECTOR A NAME 1.3450SW 5'ST STREET ADDRESS 1049 NW 129 AVE STREET ADDRESS miami Pl 33184 CITY-ST-ZIP **MIAMI FL 33182** CITY-ST-ZIP 🖬 Change ☐ Addition Delete TITLE Navarko Pablo A TITLE POULOS, STEVE J NAME NAME 13450 Sw 5 ST STREET ADDRESS 1720 SW 72ND COURT STREET ADDRESS miami F/ 33184 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.

HHACHMENT OH P94000004608 DD68294

CORPORATE BEEPERS 815 NW 37 AVE 305)649-2022 305)649-2077

To whom it may concern:

This document it was not response on time, because the address that it was send by you was wrong so by the time that I receive this document It was to late for the deat line.

If you have any question please call me at. 305)649-2022

Thank you Yolaine navarro.

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