

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032794

1. Entity Name
BEEPER SPOT, INC.Principal Place of Business
19337 S DIXIE HWY
MIAMI FL 33157
USMailing Address
19337 S DIXIE HWY
MIAMI FL 33157
US2. Principal Place of Business
3. Mailing AddressSuite, Apt. #, etc.
Suite, Apt. #, etc.City & State
City & State

Zip Country Zip Country

4. FEI Number **65-0664966** Applied For
 Not Applicable5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIEZ, ODALYS
13598 SW 40TH LANE
MIAMI FL 33175Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIEZ, YOLANDA 13598 S.E. 40TH LANE MIAMI FL 33175	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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.

SIGNATURE: 

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

305
212-1010

Date

Daytime Phone #

CR2E034 (10/00)