2001 UNIFORM BUSINESS REPORT (UBR)

05-23-2001 91174 019 ***150.00

FILED P96000039822
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 12 PM 12:56

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000039822

1. Entity Name

RYM BEEPERS + ELECTRONICS INC

Principal Place of Business	Mailing Address
15916 SW 137 AVE MIAMI, FL 33177	15916 SW 137 AVE MIAMI, FL 33177

2. Principal Place of Business	3. Mailing Address
15916 SW 137 AVE	15916 SW 137 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL 33177	City & State: MIAMI FL 33177
Zip: 33177 / Country: USA	Zip: 33177 / Country: USA

4. FEI Number: 65-0663782 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANA M. TRUJILLO
15916 SW 137 AVE
MIAMI, FL 33177

7. Name and Address of New Registered Agent

Name

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] 5/1/01

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 State

10. 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	P/T/D ANA M. TRUJILLO 15916 SW 137 AVE MIAMI FL 33177 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] ANA M. TRUJILLO President 5/01/01 (305)278-2226

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