. 2001	UNIFORM BUS	MENDED INESS REPOI	レBA RT (UBF	<i>300/</i>
DÖCÜMENT # P960000 39822 1. Entity Name			•••	· Marine
9 + M BEEPERS & ELECTRONICS I				FILED
Principal Plac	e of Business	Mailing Address		01 SEP 24 PM 1: 41
1591	6 SW 137 AVE	15916 SW	137 AU	SECRETARY OF STATE
ŧ		miami, t		
2. Principal P 15916 Suite, Apt.	Place of Business Sw 137 Ave #, etc.	3. Mailing Address 59/6 5 W Suite, Apt. #, etc.	137 AU	DO NOT WRITE IN THIS SPACE
City & Stat	0	City & State		4. FEI Number Applied For
mian	11 FL 33177	miami FL		65-0663782 Not Applicable
33/7	Country US 4	Zip 33/27	Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current			7. Name and Address of New Registered Agent
AND	-M-,-T-RU-Ji-L-	(/-)		AFAEL M. GONZALEZ
1 .	SW.137 A			ddress (P.O. Box Number is Not Acceptable)
1				
Miami, FL 33177 City Miami FL Zip Code 33177				
8. The above	named entity submits this statement fo	r the purpose of changing its re		registered agent, or both, in the State of Florida.
FOIONATURE	Jan o	م ال	RAFAEL	m. GONZALPZ 08-15-01
-SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	re required when reinstating) DATE
	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! After MAY 1, 200 Make Check Payable	1.Fee will be \$5	Trust Fund Contribution. Added to Fees
11	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	P/T/D	Delete	TITLE NAME	Gladdin Change
STREET ADDRESS	15916 SW 137	AVE	STREET ADDRESS	-10/01/0101010003
CITY-ST-ZIP	MIAMIFE 3	3/77	CITY-ST-ZIP	Page + CFO Change Addition
TITLE NAME		☐ Delete	TITLE NAME	GONZALOZ RAFAELM.
STREET ADDRESS			STREET ADDRESS	15916 SW 137 AVE.
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33177
TITLE NAME				1/2ca 2aar 'aaar 1 (banne M.Addiiloi
		☐ Delete	TITLE NAME	VICE - Pres - Dest Change Addition
STREET ADDRESS		∟ Delete	NAME STREET_ADDRESS .	URREGO, José F.
CITY-ST-ZIP			NAME _STREET ADDRESS . CITY-ST-ZIP	URREGO, JOSE F. 15916 SW 37 AVE mi4mi FL 32177
· i - · · · · · · · · · · · · · · · · ·		U Delete □ Delete	NAME _STREET ADDRESS CITY-ST-ZIP TITLE NAME	URREGO, JOSE F. 15976 SW 37 AVE 11:4ni FL 33177 Secretary Change Maddition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			NAME _STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	URREGO, JOSE F. 15918 SW137 AUR 15918 SW137 AUR 15918 SW137 AUR SECRETARY □ Change ▼Addition GON ZALEZ FLOR A. 15916 SW 137 AVR.
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			NAME _STREET ADDRESS CITY-ST-ZIP TITLE NAME	URREGO, JOSE F. 15918 SW137 AUR 15918 SW137 A
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME		. Delate	NAME _STREET_ADDRESS . CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	URREGO, JOSE F. 15916 S.W. 137 AVE 11.4 M. FL 33.177 SECRETARY □ Change □ Addition GONZALEZ FLOR A. 15916 S.W. 137 AVE. 15916 S.W. 137 AVE. 15916 S.W. 137 AVE.
CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE		. Delate	NAME _STREET_ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	URREGO, JOSE F. 15916 S.W. 137 AVE 11.4 M. FL 33.177 SECRETARY □ Change □ Addition GONZALEZ FLOR A. 15916 S.W. 137 AVE. 15916 S.W. 137 AVE. 15916 S.W. 137 AVE.
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Some in a regular 219 (c) 22	. Delate	MAME _STREET_ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	URREGO, JOSE F. 15976 SW137 AVE 115976 SW137 AVE 15976 SW137 AVE GON ZALEZ, FLOR A. 15916 SW 137 AVE. 15916 SW 137 AVE. 15916 SW137 AVE. 15916 SW137 AVE. 15916 SW137 AVE.

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.

STREET ADDRESS

CITY-ST-ZIP

08-15-01 (305) 278-2226

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STREET ADDRESS

CITY-ST-ZIP