

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

0216308 AV

DOCUMENT # P96000055543

1. Entity Name
USA BEEPERS # 3 INC.

04-18-2002 90391 050 ***150.00

Principal Place of Business
9813 SW 40 ST.
MIAMI FL 33165

Mailing Address
9813 SW 40 ST.
MIAMI FL 33165

U S S E I U



2. Principal Place of Business
5578 W. Flagler St.
 Suite, Apt. #, etc.

3. Mailing Address
5578 W. Flagler St.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Fla.
 Zip
33134
 Country

City & State
Miami Fla.
 Zip
33134
 Country

4. FEI Number **65-0676114**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ESPINOZA, NANCY
9813 SW 40 ST.
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name **Espinoza Nancy**
 Street Address **5578 W. Flagler St.**
 City **Miami** **FL** Zip Code **33134**

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, 2002 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

TITLE **DP** ☐ Delete
 NAME **ESPINOZA, NANCY**
 STREET ADDRESS **9813 SW 40 ST.**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Change ☐ Addition
 NAME **Espinoza Nancy**
 STREET ADDRESS **5578 W Flagler St. MIA. FL 33134**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 Date **305-269-7474** Daytime Phone #

CR2E034 (9/01)