

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004744

1. Entity Name

BEEP ONE COMMUNICATIONS, INC.

FILED

May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90385 014 \*\*\*150.00

Principal Place of Business

Mailing Address

5302 CURRY FORD ROAD  
ORLANDO FL 32812

5302 CURRY FORD ROAD  
ORLANDO FL 32812-8843  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3418921

Applied For

Not Applicable

5. 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

TAHA, RABIH M.  
7148 GATESHEAD CIRCLE  
APT 7  
ORLANDO FL 32822

Name Taha, RabiH M.

Street Address (P.O. Box Number is Not Acceptable)  
3328 Holland Dr.

City Orlando FL Zip Code 32825

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, 2000 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 PVPD  
NAME TAHA, RABIH M.  
STREET ADDRESS 5302 CURRY FORD ROAD  
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

TITLE PVPD  
NAME TAHA, RABIH  
STREET ADDRESS 3328 Holland Drive  
CITY-ST-ZIP ORLANDO, FL 32825 ☒ Change ☐ Addition

TITLE STD  
NAME TAHA, WISAM R  
STREET ADDRESS 5302 CURRY FORD ROAD  
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

TITLE STD  
NAME WISAM TAHA  
STREET ADDRESS 3328 HOLLAND DRIVE  
CITY-ST-ZIP ORLANDO, FL 32825 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

4/31/00

Date

Daytime Phone #

CR2E034 (9/99)