

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**  
 04-24-2001 90334 015 \*\*\*150.00

0187438

**DOCUMENT # P98000089044**

1. Entity Name  
**BEEP MANIA, INC.**

Principal Place of Business Mailing Address  
 P.O. BOX 521235 P.O. BOX 521235  
 MIAMI FL 33152 MIAMI FL 33152

2. Principal Place of Business 3. Mailing Address  
**2350 West 60 St P.O. Box 521235**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**#213**

City & State City & State  
**Hialeah FL MIAMI FL**  
 Zip Country Zip Country  
**33016 Dade 33152 Dade.**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0897226** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KEIL, DANIEL M ESQ.**  
**3165 W 4TH AVE**  
**HIALEAH FL 33012**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HERRERA, ADALBERTO</b>	
STREET ADDRESS	<b>18159 NW 61ST CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>HERRERA, JACQUELINE</b>	
STREET ADDRESS	<b>18159 NW 61ST CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *Herrera* **VP** Date **4/16/01** Daytime Phone # **(305) 387-1111**

CR2E034 (10/00)