

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104739

1. Entity Name

A&M BEEPERS AND CELLULAR, CORP.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90021 021 ***150.00

Principal Place of Business

1787 CORAL RIDGE DR.
CORAL SPRINGS FL 33071

Mailing Address

9694 NW 35TH ST
CORAL SPRINGS FL 33065-2801

2. Principal Place of Business

3. Mailing Address

1787 Coral Ridge Dr.
Coral Springs

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FL

Zip

Country

Zip

33071

Country

4. FEI Number

65-0882390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCALABRONI, ADRIANA E
1787 CORAL RIDGE DR.
CORAL SPRINGS FL 33071

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, 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

TITLE P
NAME SCALABRONI, ADRIANA E
STREET ADDRESS 9694 NW 35TH STREET
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D. Jaweed Mohammad
NAME 4660 N.W. 9th Court
STREET ADDRESS Plantation, FL 33317
CITY-ST-ZIP

TITLE Scalabroni Adriana E.
NAME 1787 Coral Ridge Dr.
STREET ADDRESS Coral Springs, FL 33071
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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:

SIGNATURE REQUIRED

Date

Daytime Phone #

X 04-19-00

CR2E034 (9/99)