

2002 UNIFORM BUSINESS REPORT (UBR)

5/10

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-16-2002 90087 001 ***150.00

DOCUMENT # P99000003912

1. Entity Name

BEEPERMANIA OF HIALEAH, INC.

Principal Place of Business

407 W 29TH STREET
HIALEAH FL 33012

Mailing Address

P O BOX 521235
MIAMI FL 33152

2. Principal Place of Business

407 W 29th St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hialeah

City & State **BEEPERMANIA, INC**

PO BOX 521235

4. FEI Number

65-0897227

Applied For

Not Applicable

Zip

33012

County

Florida

Zip

MIAMI, FL 33152-1235

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEIL, DANIEL M
3165 W 4TH AVE
HIALEAH FL 33162

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 file 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 **PD**
NAME **HERRERA, ADALBERTO**
STREET ADDRESS **16300 NE 19 AVE STE 221**
CITY-ST-ZIP **N MIAMI FL 33162** ☐ Delete

TITLE **VD**
NAME **HERRERA, ADALBERTO**
STREET ADDRESS **16300 NE 19 AVE STE 221**
CITY-ST-ZIP **N MIAMI FL 33162** ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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] **6/2/02 387-1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #