

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~1400004500~~ **PT9000045800**  
 1. Entity Name  
**Beeper Mania of Florida, Inc.**

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**  
 06-08-2000 90013 020 \*\*\*150.00

Principal Place of Business  
 Mailing Address  
**P.O. Box 521235**  
**Miami fl 33152**

**00060559**

2. Principal Place of Business  
**6709 SW 40 St.**  
 Suite, Apt. #, etc.  
 City & State  
**Miami fl**  
 Zip  
**33155** Country  
**U.S.A.**

3. Mailing Address  
**P.O. Box 521235**  
 Suite, Apt. #, etc.  
 City & State  
**Miami fl**  
 Zip  
**33152** Country  
**U.S.A.**

4. FEI Number  
**65-0936617**

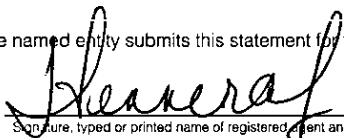
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Jacqueline Herrera**  
**18159 NW 61 CT**  
**Miami fl 33015**

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  (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

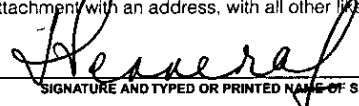
11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Vice President	Jacqueline Herrera	P.O. Box 521235	Miami fl 33152	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Date Daytime Phone #

CR2E034 (9/99)