

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90214 002 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT #  
1. Entity Name  
CELLULAR MANIA IN KENDALL, INC.

P990000045834

Secretary of State  
05-13-2002 90214 002 \*\*\*150.00

Principal Place of Business  
15090 SW 56 ST  
MIAMI FL 33185

Mailing Address  
PO BOX 521235  
MIAMI FL 33152

2. Principal Place of Business  
15090 SW 56 ST  
Suite, Apt. #, etc.  
City & State  
MIAMI /  
Zip  
33185  
Country  
Florida

3. Mailing Address  
Suite, Apt.  
BEEPERMANIA, INC  
PO BOX 521235  
City & State  
MIAMI, FL 33152-1235  
Zip  
Country

6. Name and Address of Current Registered Agent  
KEIL, DANIEL M P.A.  
3165 WEST 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  
Daniel Keil  
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.  
(See criteria on back)

10. Election Campaign Financing  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
HERRERA, ADALBERTO  
P.O. BOX 521235  
MIAMI FL 33152  
VPD  
HERRERA, JACQUELINE  
P.O. BOX 521235  
MIAMI FL 33152

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1. 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  
Daniel Keil  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
6/2/02  
Daytime Phone #  
387-1111

CR2E034 (9/01)