

2002 UNIFORM BUSINESS REPORT (UBR)

5/19

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-19-2002 90192 037 ***150.00

DOCUMENT # P99000045995

1. Entity Name
NORTH DADE BEEPER MANIA, INC.

Principal Place of Business
**18524 NW 67TH AVE
MIAMI LAKES FL 33015**

Mailing Address
**PO BOX 521235
MIAMI FL 33152**

2. Principal Place of Business
18524 NW 67 AVE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 521235
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI LAKES
Zip
33015
Country
Florida

City & State
MIAMI FL
Zip
33152
Country
Florida

4. FEI Number
65-0936605

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DANIEL M. KEIL, P.A.
3165 WEST 4TH AVENUE
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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

[Signature]
DATE **6/17/02**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HERRERA, ADALBERTO
PO BOX 521235
MIAMI FL 33152 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HERRERA, JACQUELINE
PO BOX 521235
MIAMI FL 33152 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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)(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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **6/17/02 (305) 257-1111**