

2000 UNIFORM BUSINESS REPORT (UBR)

0130908

DOCUMENT # P99000061334

1. Entity Name

K AND K BEEPERS & CELLULARS, INC.

FILED

00 APR 28 PM 1:20

Principal Place of Business

Mailing Address

351 EAST 13TH STREET
HIALEAH FL 33010

351 EAST 13TH STREET
HIALEAH FL 33010-3539

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1400 EAST 4 AVE

3. Mailing Address

2858 W 74 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
HIALEAH FL

City & State
HIALEAH GARDENS, FL

4. FEI Number

65-0932991

Applied For

Not Applicable

Zip
33010

Country
DADE

Zip
33018

Country
DADE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, JESUS
351 EAST 13TH STREET
HIALEAH FL 33010

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RODRIGUEZ, JESUS
351 EAST 13TH STREET
HIALEAH FL 33010

☐ Delete

TITLE
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AIMEE PASTALEON
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☐ Change ☐ Addition

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 #

4/14/00 305-888-1440

CR2E034 (9/99)