

FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000075590**

1. Entity Name

Ost. Beepers & Cellulars, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6485 SW. 8 Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

4. FEI Number

65-094011

Applied For

Not Applicable

Zip

Country

Zip

Country

33144

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Elena Morales

Street Address (P.O. Box Number is Not Acceptable)

12701 NW. 9 Street

City

Miami

FL

33182

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

Director

NAME

Elena Morales

STREET ADDRESS

12701 NW. 9 St.

CITY - ST - ZIP

Miami, FL. 33182

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Elena Morales, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-02

Date

Daytime Phone #

(305) 267-7101

FILED

02 OCT 24 AM 10:46

Amended
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**

gs 10/25/02