2004 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**FILED**
**Apr 29, 2004 8:00 am**
**Secretary of State**
04-29-2004 90309 006 ***150.00

DOCUMENT #S74078

1. Entity Name
BEEPERS ETC ETC BY IMPACT, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business
4700 N.W. 7TH ST.
Suite, Apt. #, etc.
City & State
MIAMI, FL. 33126
Zip Country

3. Mailing Address
4700 N.W. 7TH ST
Suite, Apt. #, etc.
City & State
MIAMI, FL. 33126
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0274303
☐ Applied For
☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (required when changing)

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>NORMAR MARTINEZ<br>21044 S.W. 124 AVE RD<br>MIAMI, FL. 33177 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
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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:** NORMA MARTINEZ PRESIDENT 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date