

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

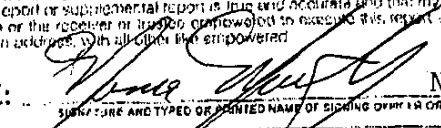
FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90309 006 ***150.00

DOCUMENT #874078			
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.		3. Mailing Address 4700 N.W. 7TH ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL. 33126		City & State MIAMI, FL. 33126	
Zip	Country	Zip	Country
		4. File Number 65-0274303	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL Zip Code			
DO NOT WRITE IN THIS SPACE			

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 _____			
9. This corporation is eligible to qualify as 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 \$650.00 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 NAME STREET ADDRESS CITY-STATE-ZIP	PSD NORMAR MARTINEZ 21044 S.W. 124 AVE RD MIAMI, FL. 33177	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-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 the empowered	
SIGNATURE: 	NORMA MARTINEZ PRESIDENT 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	