

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S86524

1. Entity Name

SUPER BEEPER ELECTRONICS II, INC.

Principal Place of Business

459 N.E. 167TH ST.
N. MIAMI FL 33162-3906

Mailing Address

459 N.E. 167TH ST.
N. MIAMI FL 33162-3906

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

TRAGER, ROSS CPA
1000 N HIATUS ROAD
SUITE 110
PEMBROKE PINES FL 33026

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, 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, 2001 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 PD
NAME MEDINA JACQUELINE
STREET ADDRESS 16073 SW 83RD TERRACE
CITY-ST-ZIP MIAMI FL 33193

TITLE VD
NAME MEDINA, JUAN C.
STREET ADDRESS 16073 SW 83RD TERRACE
CITY-ST-ZIP MIAMI FL 33193

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V. PRESIDENT
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
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 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 #

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90043 019 ***150.00

00009382



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0298798

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

CR2E034 (10/00)