FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Jan 15, 2003 8:00 am **Secretary of State** K26359 DOCUMENT # 1. Entity Name 01-15-2003 90296 021 ***150.00 THE BESILU GROUP, INC. Principal Place of Business Mailing Address 8961 SW 108 STREET 8961 SW 108 STREET MIAMI FL 33175 MIAM! FL 33175 LIS 2. Principal Place of Business 3. Mailing Address 101 5.W. 27 AUC. 101 J.W. 21 Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State. City & State 4. FEI Number Applied For MIAMI MIBMI 65-0072498 Not Applicable -0a05 Certificate of Status Desired \$8.75 Additional niami-DADA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EISEMAN, STUART Street Address (P.O. Box Number is Not Acceptable) 35 SW 27 AVENUE MIAMI FL 33135 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition LEON, BENJAMIN JR. NAME NAME 8961 SW 108 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME LEON, BENJAMIN III NAME STREET ADDRESS 8961 SW 108 STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP TITLE Delete TITLE Addition NAME LEON, SILVIA NAME STREET ADDRESS 8961 SW 108 STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach certification of the corporation of the corporat

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