


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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91398 014 ***150.00

DOCUMENT # P00000015060
1. Entity Name
BISTEL CORP.



00116601

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3530 MYSTIC POINTE DRIVE Suite, Apt. #, etc. SUITE 1410 City & State AVENTURA, FL Zip 33180		3. Mailing Address 3530 MYSTIC POINTE DRIVE Suite, Apt. #, etc. SUITE 1410 City & State AVENTURA, FL Zip 33180	
Country USA		Country USA	

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0987842**
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 **CHAVEZ, PEDRO H**

Street Address (P.O. Box Number is Not Acceptable)
3530 MYSTIC POINTE DRIVE #1410

City **AVENTURA** State **FL** Zip Code **33180**

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 the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D/P CHAVEZ, PEDRO H 3530 MYSTIC POINTE DRIVE #1410~ AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D MARTINEZ, GREGORIO R 3530 MYSTIC POINTE DRIVE #1410 AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pedro Chavez* **Pedro Chavez** 4/23/03 (305) 933 4529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #