

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040248

1. Entity Name
2BEE EXPORT INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90232 006 ***150.00

Principal Place of Business 1949 NE 164 ST NMB FL 33162	Mailing Address 2920 POINT EAST DRIVE AVENTURA FL 33160-5023
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3031 NE 163 Street	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State N. Ft. Beach, FL.	City & State	4. FEI Number 65-0757434	Applied For <input type="checkbox"/> Not Applicable
-----------------------------------	--------------	-----------------------------	--

Zip 33160	Country USA	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--------------	----------------	-----	---------	--

6. Name and Address of Current Registered Agent BERNACCA, WALTER JR 2920 POINT EAST DRIVE AVENTURA FL 33160	7. Name and Address of New Registered Agent Name: BERNACCA, Walter Jr Street Address (P.O. Box Number is Not Acceptable): 2920 Point East Drive N503 City: Aventura FL Zip Code: 33160
--	---

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. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BERNACCA, WALTER JR 1949 NE 164 ST NMB FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Bernacca, Walter Jr 3031 NE 163 Street North Ft. Beach, FL. 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X. S. [Signature] DATE: 04/20/00 130519339257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)