2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007908

1. Entity Name

BETTENCOURT MANUFACTURING, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State
02-24-2000 90015 021 ***158.75

Principal Place of Business	Mailing Address
1789 S.W. 83RD TERR. MIRAMAR FL 33025	1789 S.W. 83RD TERR. MIRAMAR FL 33025-2130

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2100 45TH STREET	2100 45TH STREET
Suite, Apt. #, etc.: SUITE B-14	Suite, Apt. #, etc.: SUITE B-14
City & State: WEST PALM BEACH, FL	City & State: WEST PALMBEACH, FL
Zip: 33407 · Country: USA	Zip: 33407 · Country: USA

4. FEI Number 650932084 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERO, MARY JO ESQ.
3 S.W. 129TH AVE.,STE.208
PEMBROKE PINES FL 33027-1779

7. Name and Address of New Registered Agent

Name BETTENCOURT, EON
Street Address (P.O. Box Number is Not Acceptable) 2100 45TH STREET
SUITE B-14
City WEST PALM BEACH **FL** Zip Code 33407

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] 8 FEB 2000
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, 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	MANAGING DIRECTOR BETTENCOURT, EON 2100 45TH STREET, SUITE B-14 WEST PALM BEACH, FL. 33407 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] 8 FEB 2000 561-840-7511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #