

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 389104

1. Entity Name

Bee Bee's Hive, Inc.



FILED
Jun 03, 2003 8:00 A.M.
Secretary of State

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

424 S.W. 22ND AVE

3. Mailing Address

Bee Bee's Hive, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8781 SW 49TH ST

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33135-3195

Country

DADE

Zip

33135-3195

Country

DADE

4. FEI Number

59-1365107

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ROBSON, B.J.C.

Street Address (P.O. Box Number is Not Acceptable)

8781 SW 49TH ST

City

MIAMI

FL

Zip Code

33135-6701

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

Signature, typed or printed name of registered agent and title if applicable.

(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 \$61.25

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
PSD
ROBSON, B.J.C.
8781 SW 49TH STREET
MIAMI, FL 33135-6701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100021271491
07/02/03--01038--015 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ROBSON, WALTER J.
8781 S.W. 49TH STREET
MIAMI, FL 33135-6701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100021271491
07/02/03--01038--016 **8.75

TITLE
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CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-03 305-643-5008

Date

Daytime Phone #

CR2E034B (12/02)

Bee Bee's Hive, Inc.
424 SW 22nd Ave.
Miami, Florida 33135

Val

June 7, 2003

Florida Department of State
Attn: Michelle Milligan
Ref. Number: 389104
Letter Number: 803A00034091

Dear Ms. Milligan,

On April 21st I mailed check # 0695 for \$ 150.00 to cover the 2003 filling fee. However, my bank never cleared it. I called the bank every week to confirm that it was paid, and then I called your office several times and there were no records of receiving my check.

When I talked to you, you suggested writing a letter with the forms that you will send me with your letter of May 30th.

I am enclosing check # 0705 for \$ 150.00 to cover the 2003 uniform business report and check \$ 0706 for \$ 8.75 for the certificate of state, also the filled out form for the uniform business report.

Please waive the penalty for the reasons explained above, as I have never been late taking care of the filling fee every year since Bee Bee's Hive, Inc. was started.

Thank you very much for your consideration.

Sincerely,


B.J.C. Robson