

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90043 030 \*\*\*150.00

0255716 AV

**DOCUMENT # 528764**

1. Entity Name  
**EDUARDO BERTOT, INC.**

Principal Place of Business <b>906 N.E. 126TH ST.          MIAMI FL 33161</b>	Mailing Address <b>906 N.E. 126TH ST.          MIAMI FL 33161</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1726641</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BERTOT, EDUARDO</b> <b>1620 NE 108TH ST</b> <b>MIAMI FL 33161</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

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 \_\_\_\_\_ (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>S</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BERTOT, LILIA</b>			NAME			
STREET ADDRESS	<b>6423 COLLINS AVENUE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>			CITY-ST-ZIP			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BERTOT, EDUARDO B</b>			NAME			
STREET ADDRESS	<b>1620 NE 108TH ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			CITY-ST-ZIP			
TITLE	<b>VP</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BERTOT, LILLIAN</b>			NAME			
STREET ADDRESS	<b>2398 S.W. 22ND AVENUE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BERTOT, EDUARDO</b>			NAME			
STREET ADDRESS	<b>6423 COLLINS AVENUE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: EDUARDO BERTOT 4/1/2002 305-8933542  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)