

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90096 037 ****61.25

DOCUMENT # 733029

1. Entity Name

BET BREIRA, INC.

Principal Place of Business

**9400 SW 87 AVENUE
 MIAMI FL 33176**

Mailing Address

**9400 SW 87 AVENUE
 MIAMI FL 33176-2444
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1629361

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHIMMEL, LOIS
 9400 S.W. 87TH AVENUE
 MIAMI FL 33176**

Name

Rickey Mittelberg

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

9400 SW 87 Avenue

City

Miami

FL

Zip Code

33176

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

8-29-02

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
 NAME **FROST, IRV**
 STREET ADDRESS **9400 SW 87TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Iris Sheckman**
 STREET ADDRESS **9400 SW 87 AVE**
 CITY-ST-ZIP **Miami, FL 33176**

TITLE **PD** ☒ Delete
 NAME **SCHIMMEL, LOIS**
 STREET ADDRESS **9400 SW 87TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Rickey Mittelberg**
 STREET ADDRESS **9400 SW 87 Ave**
 CITY-ST-ZIP **Miami, FL 33176**

TITLE **VD** ☒ Delete
 NAME **ADLER, BETH**
 STREET ADDRESS **9400 SW 87TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Hinda Cantor**
 STREET ADDRESS **9400 SW 87 Ave.**
 CITY-ST-ZIP **Miami, FL 33176**

TITLE **TD** ☒ Delete
 NAME **DAVIS, BILL**
 STREET ADDRESS **9400 SW 87TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **Jack Dresner** ☐ Change ☒ Addition
 NAME **9400 SW 87 Avenue**
 STREET ADDRESS **Miami, FL 33176.**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

8-29-02 (305) 595-1500

CR2E037 (4/02)