FILED

## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Sep 05, 2003 8:00 am Secretary of State DOCUMENT # 733029 1. Entity Name 09-05-2003 90112 042 \*\*\*\*61.25 BET BREIRA, INC. Principal Place of Business Mailing Address 9400 SW 87 AVENUE . 9400 SW 87 AVENUE MIAMI FL 33176-2444 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc.\_\_\_\_ \_\_Suite, Apt. #, etc \_\_\_\_CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1629361 Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bayer Theodore a400 Fl 33176 MITTELBERG; RICKEY Street Address (P.O. Box Number is Not Acceptable) 9400 S.W. 87TH AVENUE MIAMI FL 33176 SVHE 300 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. I am familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 10, 2003, min will be \$236.25 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **X** Addition (4/03)☐ Change TITLE Delete TITLE Bayer, INEULUS - BAYENE er, Theodore SHECKMAN, IRIS NAME NAME 9400 SW 87TH AVENUE STREET ADDRESS STREET ADDRESS Miami, 71 33176 Secretary. CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33176** Delete TITLE Addition TITLE eberman, Sheri 9400 SW BAKE Miami, F133176 MITTELBERG, RICKEY NAME NAME STREET ADDRESS 9400 SW 87TH AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33176** TITLE TITLE ☐ Addition 🔀 Delete ☐ Change Guenther Joy e CANTOR, HINDA NAME NAME 9400 SW 87TH AVENUE STREET ADDRESS STREET ADDRESS Miami, F1-33176 CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP TITLE Delete 🗆 TITLE DRESNER, JACK NAME NAME 9400 SW 87TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF **MIAMI FL 33176** CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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. 8/20/03 305 670-6300 SIGNATURE;