

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H59337

1. Entity Name

ANOTHER BEAUTIFUL CORPORATION

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90078 011 ***150.00

Principal Place of Business

Mailing Address

10491 N. KENDALL DR.
MIAMI FL 33176
US

10200 NW
25th St
Miami FL 33172

20803 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33180-1429
US

3160 INVERNESS
Weston FL 33332



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2541564

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

BENTLEY, HARRISON
3160 INVERNESS
FT. LAUDERDALE FL 33332

Name HARRISON BENTLEY

Street Address (P.O. Box Number is Not Acceptable)
3160 Inverness

City Weston

FL

Zip Code 33332

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, 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 P
NAME BENTLEY, LAURA
STREET ADDRESS ~~10491 N KENDALL DR~~ 3160 INVERNESS
CITY-ST-ZIP ~~MIAMI FL 33176~~ Weston FL 33332

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C
NAME BENTLEY, HARRISON
STREET ADDRESS ~~10491 N KENDALL DR~~ 3160 INVERNESS
CITY-ST-ZIP ~~MIAMI FL 33176~~ Weston FL 33332

TITLE
NAME
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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 recorder 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, or all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)