

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J04398

1. Entity Name

BEYEN CORPORATION OF AMERICA

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90066 049 ***150.00

Principal Place of Business
9720 PINES BLVD.
PEMBROKE PINES FL 33024

Mailing Address
9720 PINES BLVD.
PEMBROKE PINES FL 33024-6228

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2650807

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

RUBIN, ALAN H.
9720 PINES BLVD.
PEMBROKE PINES FL 33024

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

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
NAME PD
STREET ADDRESS BEYEN, HANS
CITY-ST-ZIP GRAF ADOLF PLATZ 1-2
DUSSELDORF, W. GER.

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

TITLE
NAME TS
STREET ADDRESS BEYEN, HANS
CITY-ST-ZIP GRAF ADOLF PLATZ 1-2
DUSSELDORF, W. GER.

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

TITLE
NAME ST
STREET ADDRESS DIODATI, CINDY
CITY-ST-ZIP 8130 PINELLAS PARK DRIVE
NIAGARA FALLS ON

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

TITLE
NAME VP
STREET ADDRESS TUDINI, ANTHONY
CITY-ST-ZIP 3039 ST PATRICK AVE
NIAGARA FALLS ON L2H3B-1

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

TITLE
NAME ASAT
STREET ADDRESS KENNEDY, JIM
CITY-ST-ZIP 201-5911 DORCHESTER RD
NIAGARA FALLS ON L2G-7-7

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cindy Diodati / 01/31/00 / 905-374-4596