

2002 UNIFORM BUSINESS REPORT (UBR)

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

0154774 AV

02-04-2002 90027 025 ***150.00

DOCUMENT # J04398

1. Entity Name
BEYEN CORPORATION OF AMERICA

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

Mailing Address
9720 PINES BLVD.
PEMBROKE PINES FL 33024



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 _____ (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, 2002 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 **PD** ☒ Delete
NAME **BEYEN, HANS**
STREET ADDRESS **GRAF ADOLF PLATZ 1-2**
CITY-ST-ZIP **DUSSELDORF, W. GER.**

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

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

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

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

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

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

☒ Change ☐ Addition
TITLE **President**
NAME **Tudini, Anthony**
STREET ADDRESS **3039 St. Patrick Ave**
CITY-ST-ZIP **Niagara Falls, ON L2H 3B1**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
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: Anthony Tudini **ANTHONY TUDINI** **01/14/2002** **905 374-4596**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)