

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90975 005 ***150.00

REG3030 AT

DOCUMENT # K40198

1. Entity Name
BEATRIZ, A., INC.



Principal Place of Business
**4040-40 STREET NORTH
UNIT A
ST. PETERSBURG FL 33784
US**

Mailing Address
**P.O. BOX 60422
ST. PETERSBURG FL 33784**



2. Principal Place of Business
10520-75th St. N.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Largo, Florida

City & State

Zip
33777

Country
U.S.A

4. FEI Number **59-2910175**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FERNANDEZ, JOSE
3736 28TH AVENUE N
ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME FERNANDEZ, BEATRIZ A	
STREET ADDRESS 3736 28TH AVE., N.	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE VP	<input type="checkbox"/> Delete
NAME FERNANDEZ, JOSE	
STREET ADDRESS 3736 28TH AVE., N.	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE VD	<input type="checkbox"/> Delete
NAME FERNANDEZ, DOLORES	
STREET ADDRESS 3736 28TH AVE N	
CITY-ST-ZIP ST PETERSBURG FL	
TITLE F	<input type="checkbox"/> Delete
NAME FERNANDEZ, JOSEPH	
STREET ADDRESS 3736 28TH AVE. N.	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE S	<input type="checkbox"/> Delete
NAME FERNANDEZ, DOLORES	
STREET ADDRESS 3736 28TH AVE. N.	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: Beatriz Fernandez **Beatriz A. Fernandez 727-547-4627**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **4/25/03** Daytime Phone #

CR2E034 (10/02)