

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010520 AF

DOCUMENT # L00000006143

1. Entity Name  
BEVITAL USA, LLC

FILED

01 APR 26 PM 5:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7880 NW 62ND STREET  
MIAMI FL 33166

Mailing Address  
7880 NW 62ND STREET  
MIAMI FL 33166



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1010980

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURCHAN, THOMAS P JR.  
211 EDEN ROAD  
PALM BEACH FL 33480

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGR  
Turchan, Thomas P. Jr.  
STREET ADDRESS  
211 EDEN ROAD  
CITY-ST-ZIP  
PALM BEACH, FLA 33480

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
300004163773--4  
CITY-ST-ZIP  
-05/08/01--01151--001

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
\*\*\*\*\*55.00 ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Thomas Turchan Jr*  
Thomas Turchan Jr

4/11/01 305 592 5070  
Date Daytime Phone #

CR2E083 (11/00)