

2001 UNIFORM BUSINESS REPORT (UBR)

0000680 AF

DOCUMENT # L00000013921

1. Entity Name

BETACOM, L.L.C.

Principal Place of Business

536 BILTMORE WAY
CORAL GABLES FL 33134

Mailing Address

536 BILTMORE WAY
CORAL GABLES FL 33134

2. Principal Place of Business

304 PALERMO AV.
Suite, Apt. #, etc.

3. Mailing Address

304 PALERMO AV.
Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

Zip

33134

Country

4. FEI Number

65-1054686

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CUEVAS & RUBIN, P.A.
536 BILTMORE WAY
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name INNOCENZO FERRARO

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

16417 SAPPHIRE BEND

City WESTON

FL

Zip Code

33331

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 *Innocenzo Ferraro*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/18/2001

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM CARRASQUEL, INNOCENZO F
STREET ADDRESS 536 BILTMORE WAY
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete

TITLE NAME MGRM SALAZAR, JOSE E
STREET ADDRESS 536 BILTMORE WAY
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME FERRARO, INNOCENZO ☒ Change ☐ Addition
STREET ADDRESS 16417 SAPPHIRE BEND
CITY-ST-ZIP WESTON, FL 33331

TITLE NAME 16417 SAPPHIRE BEND ☒ Change ☐ Addition
STREET ADDRESS WESTON, FL 33331

TITLE NAME 300003657153-4 ☐ Change ☐ Addition
STREET ADDRESS -02/08/01--01020--023
CITY-ST-ZIP *****50.00 *****50.00

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

TITLE NAME ☐ Change ☐ Addition
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: *Innocenzo Ferraro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/18/2001

Date

Daytime Phone #

CR2E083 (11/00)