

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90563 018 ****50.00

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DOCUMENT # L00000013921

1. Entity Name

BETACOM, L.L.C.



Principal Place of Business

Mailing Address

**304 PALERMO AVE.
CORAL GABLES FL 33134**

**304 PALERMO AVE.
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**FERRARO, INNOCENZO
16417 SAPHIRE BEND
WESTON FL 33331**

Name

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

**19877 E. Country Club Dr. # 204
City Aventura FL Zip Code 33180**

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

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME **MGRM FERRARO, INNOCENZO** ☐ Delete
STREET ADDRESS **16417 SAPHIRE BEND**
CITY-ST-ZIP **WESTON FL 33331**

TITLE NAME **19877 E. Country Club** ☒ Change ☐ Addition
STREET ADDRESS **Drive # 204 Aventura**
CITY-ST-ZIP **FL. 33180**

TITLE NAME **MGRM SALAZAR, JOSE E** ☐ Delete
STREET ADDRESS **16417 SAPHIRE BEND**
CITY-ST-ZIP **WESTON FL 33331**

TITLE NAME **BLATT Blvd. # 104** ☒ Change ☐ Addition
STREET ADDRESS **Weston FL 33326**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)