

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90181 023 \*\*\*\*50.00

**DOCUMENT # L01000004357**

1. Entity Name  
**BEAUTFORD FUND AND CONSULTANTS, L.L.C.**

Principal Place of Business <b>815 N.W. 57TH AVENUE, SUITE 125 MIAMI FL 33126</b>	Mailing Address <b>815 N.W. 57TH AVENUE, SUITE 125 MIAMI FL 33126</b>
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2. Principal Place of Business <b>224 CATALONIA AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>224 CATALONIA AVE</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>Coral Gables, FL</b>	City & State <b>Coral Gables, FL</b>	4. FEI Number <b>30-0017089</b>	Applied For Not Applicable
Zip <b>33134</b>	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>LOPEZ, VALENTIN</b> <del>815 N.W. 57TH AVENUE, SUITE 125</del> <b>224 Catalonia Ave</b> <del>MIAMI FL 33126</del> <b>Coral Gables, FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 *Valentin Lopez* DATE 1/14/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:** *Valentin Lopez* **SIGNATURE REQUIRED** DATE 1/14/02

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

CFR2E083 (9/01)