## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jun 05, 2003 8:00 am Secretary of State 05-07-2003 90046 015 \*\*\*\*50.00

DOCUI 1. Entity Name BETA TRA		07083				05-0	7-2003 9	90046 015 ***	*50.00	
Principal Place of Business Mailing Address 3850 N. 29 TERRACE, STE, 107 3850 N. 29 TERRACE, STE, 107					44003399					
HOLLYWOOD FL		HOLLYWOOD FL 33020								
2. Principal Pi	lace of Business  E Logas (inclusive)	3. Mailing Address 6.460 E Suite, Apt. *, etc.	Rosecs	Circle		CHECK	HERE IF	MAKING CHANGES		
City & State	Roton, FC	Boug RATOR	FC		4. FEI Num	ber 22-36	88 183	<b>⊢</b>	oplied For ot Applicable	-
zip 334		Zio 33487	Country		5. Certifica	ite of Status De	esired	S5.00 Ad	ditional	
	6. Name and Address of Current F	tegistered Agent	Name			nd Address of	New Regi	stered Agent		7
	SIN, YOSEF	<del></del>		Dro	2	lohar		9.94		_
3801 N. 44TH AVE. HOLLYWOOD FL 33021				3/60	EAS	ber is Northco	3 45	Circle		4
			City			<del></del>		⇒a Zin Coo	· 	4
B. The above	named entity submits this statement for	the purpose of changing its	only office	Bo CA	KAtor		, el Florida	FL Zing	487	]
the obligation	ons of registered agent.	the purpose of changing its r	egistereo onice	or registere	ea agent, or c	om, in the Sta	e ol riond:	a. Tem familiar with,	and accept	
SIGNATURE _	Signature, typed or prigraphrame of registered agent ar	nd title if applicable. (NOTE:	Registered Agent sig	nature required	when reinstating)			DATE 103		
		FILE NO	W!!! FEE IS	\$50.00	•				<del></del>	1
		Make Check Payable	to Florida D By May 1, 20		nt of State					
9.	MANAGING MEMBER		10.			ADDI	TIONS/CH	ANGES		_[
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANGGING MEMBER	☐ Delets	NAME STREET ADDRES CITY-ST-ZIP					Circle 33487	Addition	CR2F083 (10/02)
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
11. I hereby co	ertify that the information supplied with the on this report is true and accurate and the company or the receiver or susteed.	his filing does not qualify for the hat my signature shall have the empowered to execute this re	he exemption si le same legal ef port as required	i ated in Sec fect as if ma i by Chapte	ation 119.07(3 ade under oat er 608, Florida	)(i), Florida Sta h; that I am a Statutes.	tutes. I furt managing	her certify that the in member or manager	formation of the	