## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## M39579 **DOCUMENT#**

1. Entity Name

SIGNATURE:

BEEHIVE NATURAL FOODS OF MIAMI, INC.



## **FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90422 009 \*\*\*150.00

305-666-3360

SIGNATURE    FILE NOW!!! FEE IS \$150.00	Principal Plac 5750 S.W. BIF MIAMI FL 331	·-		5750	g Address S.W. BIRD ROAD I FL 33155							
Cry & State    Cry & State   Cry & Cry & State   Cry & Sta	2. Principal F	Place of Business		3. Mai	ling Address			-				
City & State    City & State   City & State   City & State   City & State   City   Country   S. Certificate of Status Desired   S8.75 Additional Fee Required   S8.75 SW. BIRD POAD   Street Address (P.O. Box Numbor is Not Acceptable)   Street Address (P.	Suite, Apt.								CHECK HERE IF MAKIN	NG CHAN	GES	
Security	City & Stat		<u></u> :				<u></u>	4.	FEI Number 59-2622876		_	
S. Name and Address of Current Registered Agent   Name	Zip Country			Zip			try			\$8.75 Additional		
PENNA, BOB 5750 S.W. BIRD ROAD MIAMI FL 33155  City FL Zip Code  C		6. Name and	Address of Curr	ent Registere	d Agent			7. 1	Name and Address of New Registere		40.100	
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MAMI FL 33155  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. I am familiar with, and accept the obligations of registered agent, based or strong named registered agent.  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida part and the state of Florida part	PENNA, B	BOB							,			
8. The above named entity submits this statement for the Durpose 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  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  MAKE Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAKE STREET ADDRESS  OITY-ST-2P  TITLE  MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  OITH ST-2P  OITH	5750 S.W.	BIRD ROAD					Street Addres	ss (P.O. E	Box Number is Not Acceptable)			
8. The above named entity submits this statement for the Durpose 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  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  MAKE Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAKE STREET ADDRESS  OITY-ST-2P  TITLE  MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  TITLE MAKE SIREET ADDRESS  OITY-ST-2P  OITH ST-2P  OITH												
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PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR