

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M51715

1. Entity Name  
**BEAGLE PRODUCTS, INC.**

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90183 022 \*\*\*150.00

Principal Place of Business 2699 SOUTH BAYSIDE DRIVE 800-C COCONUT GROVE FL 33133 US	Mailing Address 2699 SOUTH BAYSHORE DRIVE 800-C COCONUT GROVE FL 33133-5408 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>9350 S. Dixie Hwy</i>	3. Mailing Address <i>9350 South Dixie Hwy</i>
Suite/Apt. #, etc. <i>1520</i>	Suite/Apt. #, etc. <i>1520</i>
City & State <i>MIAMI</i>	City & State <i>MIAMI</i>
Zip <i>FL 33156</i>	Zip <i>FL 33156</i>

4. FEI Number **59-2808613** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PUGA, PAFANEL**  
2699 S BAYSHORE DR  
STE 800C  
COCONUT GROVE FL 33133

*New address*  
*9350 S. Dixie Hwy.*  
*Suite 1520*  
*Miami, Florida*  
*33156*

7. Name and Address of New Registered Agent  
Name **SAME**  
Street Address (P.O. Box Number is Not Acceptable)  
*9350 South Dixie Hwy*  
*Suite 1520*  
City **MIAMI FL** Zip Code **33156**

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 DATE *2/16/00*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>PUGA, RAFAEL</b>	
STREET ADDRESS <b>2699 S BAYSHORE DR, #800-C</b>	
CITY-ST-ZIP <b>COCONUT GROVE FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE *2/16/00* Daytime Phone # *305 670-882*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)