

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000003277**

1. Entity Name

**BEAUTIFUL CAMINO REAL, INC.**

Principal Place of Business

**980 NORTH FEDERAL HIGHWAY #402  
BOCA RATON FL 33432**

Mailing Address

**980 NORTH FEDERAL HIGHWAY #402  
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0842961**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, BILL T JR.  
980 NORTH FEDERAL HIGHWAY  
SUITE 402  
BOCA RATON FL 33432**

Name

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

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.

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 \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	SMITH, BILL T JR.	980 NORTH FEDERAL HIGHWAY #402	BOCA RATON FL 33432	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SNYDER, JAMIE	POST OFFICE BOX 1525	BOCA RATON FL 33429	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GLENNIE, MICHAEL	501 EAST CAMINO REAL	BOCA RATON FL 33431	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:****REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/2001

561-368-5957

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90020 044 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)