

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006388

1. Entity Name  
**BEABELLAS, INC.**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90230 029 \*\*\*150.00

Principal Place of Business

Mailing Address

9572 SIDNEY HAYES RD., STE. 103  
ORLANDO FL 32824

9572 SIDNEY HAYES RD., STE. 103  
ORLANDO FL 32824

**00050422**

2. Principal Place of Business

3. Mailing Address

617 E. Colonial Dr.

617 E. Colonial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, Florida

City & State

Orlando, Fl.

4. FEI Number

59-3619-221

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

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

SCHWEIZER, LISA  
9572 SIDNEY HAYES RD., STE. 103  
ORLANDO FL 32824

Name

LISA SCHWEIZER

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

617 E. Colonial Drive

City

Orlando

FL

Zip Code

32803

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

*Lisa Schweizer*

LISA SCHWEIZER

4/27/01

(Signature typed or printed name of registered agent and fee applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete  
NAME SCHWEIZER, LISA  
STREET ADDRESS 9572 SIDNEY HAYES RD., STE. 103  
CITY-ST-ZIP ORLANDO FL 32824

TITLE DPST ☒ Change ☐ Addition  
NAME SCHWEIZER, LISA  
STREET ADDRESS 617 E. Colonial Drive  
CITY-ST-ZIP Orlando, Fl. 32803

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Lisa Schweizer*

LISA SCHWEIZER

4/27/01

407 694-8592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0072641