

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90020 020 ***150.00

DOCUMENT # P00000099676

1. Entity Name
BETH STUDENBERG, INC.



30

Principal Place of Business
**407 LINCOLN ROAD SUITE 5B
MIAMI BEACH FL 33139**

Mailing Address
**407 LINCOLN ROAD SUITE 5B
MIAMI BEACH FL 33139**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1049162**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**GARCIA MENDEZ, KAREN
14548 SW 95TH LANE
MIAMI FL 33186**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **STUDENBERG, BETH**
STREET ADDRESS **1521 LENOX AVE #106**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-02-3056323867

CR2E034 (10/02)

Attachment#
P6000099676

3002783/

Brito & Brito Accounting
407 Lincoln Road, Suite 500
Miami Beach, FL 33139
Corporate Accounting and Business Development
Tel: (305) 534-9292/-Fax: (305) 534-7534

To Whom It May Concern:

Please sign the enclosed application and mail to the Division of Corporation with a
Check for \$150.00 payable to the Division of Corp.

Sincerely,



Luis Brito and Brito Accounting

to Whom it may concern.

my new address is:

Beth Studenberg, Inc.
29 B Venetian Way Apt. 9
Miami Beach, FL 33139