

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90367 039 ***150.00

0215061 AV

DOCUMENT # P01000031293

1. Entity Name
BIETEL, INC.



Principal Place of Business
**2250 SW 3RD AVE
5TH FLOOR
MIAMI FL 33129**

Mailing Address
**2250 SW 3RD AVE
5TH FLOOR
MIAMI FL 33129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **32-0019660**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HATTON, DAVID
2250 SW 3RD AVE
5TH FLOOR
MIAMI FL 33129**

Name **David L. Hatton**
Street Address (P.O. Box Number is Not Acceptable)
150 Alhambra Circle
Suite 1150
City **Coral Gables** FL Zip Code **33134**

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 **David L. Hatton** **DAVID L. HATTON**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/29/03
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 NAME **P** ☐ Delete
OLIVA, EVELIO
STREET ADDRESS **3800 BATTERSEA ROAD**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE NAME ☐ Change ☐ Addition
Oliva, Evelio
STREET ADDRESS **150 Alhambra Circle, Suite 1150**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE NAME **V** ☐ Delete
HATTON, DAVID
STREET ADDRESS **2250 SW 3RD AVE, 5TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE NAME ☐ Change ☐ Addition
David L. Hatton
STREET ADDRESS **150 Alhambra Circle**
CITY-ST-ZIP **Suite 1150 Coral Gables, FL 33134**

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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: **DAVID L. HATTON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 **305-858-0220**
Date Daytime Phone #

CR2E034 (10/02)