

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90096 012 ***550.00

DOCUMENT # P01000033598

1. Entity Name
BETUOCH MANAGEMENT VENTURE CORPORATION



Principal Place of Business
23123 STATE ROAD 7, SUITE 200-A
BOCA RATON FL 33428
BR

Mailing Address
23123 STATE ROAD 7, SUITE 200-A
BOCA RATON FL 33428
BR



2. Principal Place of Business
23123 State Road 7
Suite, Apt. #, etc.
215

3. Mailing Address
23123 STATE ROAD 7
Suite, Apt. #, etc.
215

City & State
Boca Raton FL
Zip
33428

City & State
BOCA RATON
Zip
33428

Country
FLM

4. FEI Number **06-1619149**

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

BARNEA, RAN D
23123 STATE ROAD 7, SUITE 200-A
BOCA RATON FL 33428

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNEA, RAN D 23123 STATE ROAD 7, SUITE 200-A BOCA RATON FL 33428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POST, DANIEL T 23123 STATE ROAD 7, SUITE 200-A BOCA RATON FL 33428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNEA, RAN D 23123 STATE ROAD 7 #215 BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POST DANIEL T 23123 STATE ROAD 7 #215 BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 200A changed to #215	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thank you!	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barnea R D Barnea **REQUIRED** Barnea R D Barnea **Pres** 8/20/03 561-883-2551

CR2E034 (4/03)