2002 UNIFORM BUSINESS REPORT (UBR)

Sep 10, 2002 8:00 am Secretary of State P01000056017 DOCUMENT # 1. Entity Name 09-10-2002 90237 039 ***150.00 BET-GON COMPANY, INC. Principal Place of Business Mailing Address 979 SW 4 ST APT 8 979 SW 4 ST APT 8 MIAMI FL 33130 MIAMI FL 33130 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 65 - 1115678 Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BETANCOURT, ISIDRO ANIEL Street Address (P.O. Box Number is Not Acceptable) 979 SW 4 ST APT 8 **MIAMI FL 33130** Zip Code City 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE ☐ Delete TITLE BETANCOURT, ISIDRO ANIEL NAME NAME 979 SW 4 ST APT 8 STREET ADDRESS STREET ADDRESS MIAMI FL 33130 CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE VD -Delete TITLE GONZALEZ, LUIS R NAME NAME STREET ADDRESS STREET ADDRESS 979 SW 4 ST APT 8 CITY-ST-ZIP **MIAMI FL 33130** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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 of 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 w ess, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Attachment 978962-# P01000056017

Miami, FL, September 3, 2002

FLORIDA DEPARTMENT OF STATE Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Ref: BET-GON COMPANY, INC., Uniform Business Report 2001: P01000056017

Dear Sirs,

In reply to your letter of August 2002, this is to inform you that BET-GON COMPANY, INC. did not file its 2002 Annual Business Report on time because this company never received its 2002 Uniform Business Report and therefore, it could be filed on time. However, we are sending a new UBR form sent by you on the previously mentioned date, along with the payment of \$150.00 and we would like you to please waive any penalty that this may cause.

We apologize for any inconvenience this may have caused.

Thank you very much for your cooperation.

Sincerely,

LUIS R. GONZALEZ

Vice-President