## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P01000121353 FILED 1. Entity Name **BIMENTA CORPORATION** 02 NOV 20 AMII: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 4711 N.W. 79TH STREET 4711 N.W. 79TH STREET Suite, Apt. #, etc. SUITE 20 T Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 20 T City & State City & State Applied For MIAMI, FLORIDA MIÁMI, FLORIDA Not Applicable Country \$8.75 Additional 33166 US 33166 5. Certificate of Status Desired US Fee Required 7. Name and Address of Current Registered Agent MAURICIO MENESES DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 4711 N.W. 79TH STREET, SUITE 20 T City MIAMI 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 . id title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 Tax filing requirement and elects to do so. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE **DIRECTOR** TITLE NAME BEATRIZ MORRISON NAMÉ STREET ADDRESS 4711 N.W. 79TH STREET, SUITE 20 T STREET ADDRESS CR2E034B CITY - ST - ZIE CITY-ST-ZIP MIAMI FLORIDA 33166 TITLE DIRECTOR TITLE NAME 000009101090 NAME -**MAURICIO MENESES** STREET ADDRESS 4711 N.W. 79TH STREET, SUITE 20 T STREET ADDRESS 11/20/02--01015--012 \*\*300.00 CITY - ST - ZIP CITY-ST-ZIP MIAMI FLORIDA 33166 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CHY-ST-ZIP CITY#STFZIP# TITLE HILE. IN THIS SPACE NAME NAMÉ » STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of directed 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 on an attachment with an address, with all other like empowered.

FFICER OR DIRECTOR

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305-640-1901

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TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

## TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002 UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I HAVE CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY,

MAURICIO MENESES

**DIRECTOR**