

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90320 015 ***150.00

0296179 AV

DOCUMENT # P02000014282

1. Entity Name

BESPHER & MELY SHOW CORPORATION



Principal Place of Business

**9300 W. FLAGLER ST.
SUITE 226
MIAMI FL 33174**

Mailing Address

**9300 W. FLAGLER ST.
SUITE 226
MIAMI FL 33174**

2. Principal Place of Business

1535 SW 122 AV

3. Mailing Address

1535 SW 122 AV.

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

3

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

33184

Country

USA

Zip

33184

Country

USA

4. FEI Number

04-3633224

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

**ESPINOZA, JORGE
9300 W. FLAGLER ST.
SUITE 226
MIAMI FL 33174**

Name

ESPINOZA, JORGE

Street Address (P.O. Box Number is Not Acceptable)

1535 SW 122 AV. # 3

City

MIAMI - FL

FL

Zip Code

33184

7. Name and Address of New Registered Agent

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

Jorge Espinoza
Signature typed or printed name of registered agent and title if applicable.

ESPINOZA, JORGE

(NOTE: Registered Agent Signature required when reinstating)

4/25/03

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	ESPINOZA, JORGE	
STREET ADDRESS	9300 W. FLAGLER ST. #226	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	ESPINOZA, SILVIA	
STREET ADDRESS	9300 W. FLAGLER ST. #226	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINOZA, JORGE	
STREET ADDRESS	1535 SW 122 AV. # 3	
CITY-ST-ZIP	MIAMI - FL - 33184	
TITLE	SVD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINOZA, SILVIA	
STREET ADDRESS	1535 SW 122 AV. #3	
CITY-ST-ZIP	MIAMI - FL - 33184	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

JORGE ESPINOZA

Date

Daytime Phone #

4/25/03 (786) 486 2520

CR2E034 (10/02)