2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 91106 019 ***150.00

DOCUMENT # P02000033402

1. Entity Name
BEPS, INC.

Principal Place of Business	Mailing Address
12205 GLENMORE DR CORAL SPRINGS, FL 33071	12205 GLENMORE DR CORAL SPRINGS, FL 33071

2. Principal Place of Business	3. Mailing Address
ANGLESEA	ANGLESEA
Suite, Apt. #, etc. 200 E McNAB Rd.	Suite, Apt. #, etc. 200 E. McNAB Rd
City & State Pompano Beach Fl	City & State Pompano Beach Fl
Zip 33060 Country USA	Zip 33060 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
02-0575833
☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRICK, WILLIAM W JR
1216 E ATLANTIC BLVD, STE 7
POMPANO BCH, FL 33060

7. Name and Address of New Registered Agent

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, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / STREET ADDRESS / CITY-ST-ZIP	D CARRILLO, HENRY 2324 W GREENLEAF CHICAGO, IL 60645	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARRILLO, HENRY 3520 OAKSWAY #10 Pompano Beach Fl 33069 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARSHALL, William 920 RICH DR. 108 DEERFIELD BEACH, FL 33441 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S GROTZ, Pamela 3520 OAKSWAY #10 Pompano Beach Fl 33441 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: _____ 3/08/03 954-785-8878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #