

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90116 025 \*\*\*158.78

**DOCUMENT # P02000069448**

1. Entity Name  
**BEGONIAS, CORP**



Principal Place of Business  
**350 EUCLID AVE #3**  
**MIAMI BEACH FL 33139**

Mailing Address  
**350 EUCLID AVE #3**  
**MIAMI BEACH FL 33139**

2. Principal Place of Business  
**900 WASHINGTON AVE**  
Suite, Apt. #, etc.  
**#1**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**MIAMI BEACH FL**  
Zip  
**33139** Country  
**USA**

City & State  
Zip  
Country

4. FEI Number  
**03 - 0474154**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

**10018476**



6. Name and Address of Current Registered Agent  
**BANNER, MICHAEL**  
**4244 W. TENNESSEE ST.**  
**#185**  
**TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent  
Name **MATTHEW PAULINI**  
Street Address (P.O. Box Number is Not Acceptable)  
**350 EUCLID AVE**  
**APT 3**  
City **MIAMI BEACH FL** Zip Code **33139**

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 **MATTHEW PAULINI** (NOTE: Registered Agent signature required when reinstating) DATE **JUN 6 2003**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P PAULINI, MATTHEW 350 EUCLID AVE #3 MIAMI BEACH FL 33139</b>
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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MATTHEW PAULINI** Date \_\_\_\_\_ Daytime Phone # **305 535 9607**

CR2E034 (10/02)