

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90112 004 ***550.00

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1. Entity Name
EXBEE CORP.



Principal Place of Business
4851 NW 79 AVE
MIAMI FL 33166

Mailing Address
4851 NW 79 AVE
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

REYES' PROF. SERV. INC.
4545 N.W. 7th ST. (SUITE 12)
MIAMI, FLORIDA 33126
PH: (305) 442-1458/59
BP: (305) 210-3388



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMOROSI, ANDRES
6701 NW 111 AVE
MIAMI FL 33175

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, typed 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 P ☐ Delete
NAME KOJUSNER, CLAUDIO
STREET ADDRESS 6767 COLLINS AVE APT. #1607
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE PD ☒ Change ☐ Addition
NAME MUSTAFA, MOHAMED
STREET ADDRESS 4851 NW 79 AVE
CITY-ST-ZIP MIAMI, FL 33166

TITLE V ☐ Delete
NAME AMOROSI, ANDRES
STREET ADDRESS 6701 NW 111 AVE
CITY-ST-ZIP MIAMI FL 33175

TITLE VD ☒ Change ☐ Addition
NAME AHMAD, ZUHAIR
STREET ADDRESS 4851 NW 79 AVE
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/02)