

FROM : BEEPERIA AT HIALEAH

PHONE NO. : 3058203042

FILED**Jul 10, 2001 8:00 am**
Secretary of State

07-10-2001 90007 033 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000931M

1. Entity Name

BEE PERIA, INC

Principal Place of Business

8165 SW 40TH ST
MIAMI, FL 33155
US

Mailing Address

8165 SW 40TH ST
MIAMI, FL 33155
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0403313

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

Irigoyen, Ramon G
8165 SW 40 ST
MIAMI, FL 33155

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirements and elects to do so.
(See criteria on back) ☐FILE NOW! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make check payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD	☐ Delete
NAME	Irigoyen, Ramon G	
STREET ADDRESS	8165 SW 40 ST	
CITY- ST- ZIP	MIAMI, FL 33155	
TITLE	VTD	☐ Delete
NAME	Irigoyen, Esther B	
STREET ADDRESS	8165 SW 40 ST	
CITY- ST- ZIP	MIAMI, FL 33155	
TITLE		☐ Delete
NAME	ABALONZA Ninoska	
STREET ADDRESS	8165 SW 40 STREET	
CITY- ST- ZIP	MIAMI, FL 33155	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORC034 (11/00)