

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90625 028 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> <span style="font-size: 1.5em;">P05000003164</span>			
<b>1. Entity Name</b> <span style="font-size: 1.2em;">B.E. Unlimited, Inc.</span>			
<b>Principal Place of Business</b> <span style="font-size: 1.2em;">4213 S.W. 50 Street  H. Land, FL 33314</span>		<b>Mailing Address</b> <span style="font-size: 1.2em;">4213 S.W. 50 Street  H. Land, FL 33314</span>	
<b>2. Principal Place of Business</b> <span style="font-size: 1.2em;">4213 SW 50 Street</span>		<b>3. Mailing Address</b> <span style="font-size: 1.2em;">same</span>	
<b>City &amp; State</b> <span style="font-size: 1.2em;">H. Lauderdale, FL</span>		<b>City &amp; State</b> <span style="font-size: 1.2em;">H. Lauderdale, FL</span>	
<b>Zip</b> <span style="font-size: 1.2em;">33314</span>		<b>Country</b> <span style="font-size: 1.2em;">Broward</span>	
<b>4. FEI Number</b> <span style="font-size: 1.2em;">650559290</span>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <span style="font-size: 1.2em;">D. Edward Bruce  4213 SW 50 Street  H. Land, FL</span>		<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: <span style="font-size: 1.2em;">FL</span> Zip Code: _____	
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <small>(See criteria on back)</small> <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>10. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <span style="font-size: 1.2em;">President</span> <input type="checkbox"/> Delete <b>NAME</b> <span style="font-size: 1.2em;">Robert W. Cooper Jr.</span> <b>STREET ADDRESS</b> <span style="font-size: 1.2em;">Same as above</span> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <span style="font-size: 1.2em;">Vice President</span> <input type="checkbox"/> Delete <b>NAME</b> <span style="font-size: 1.2em;">Edith O. Cooper</span> <b>STREET ADDRESS</b> <span style="font-size: 1.2em;">Same as above</span> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>			
<b>SIGNATURE:</b> <span style="font-size: 1.5em;">Edith O. Cooper</span> <span style="font-size: 1.2em;">4/26/01 (954) 791 4606</span>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E034 (11/00)