

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004891

1. Entity Name

BEA'S ENTERPRISES INTERNATIONAL, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90045 029 ***158.75

Principal Place of Business

Mailing Address

9951 ATLANTIC BLVD
BLDG 4, SUITE 459
JACKSONVILLE FL 32225
US

9951 ATLANTIC BLVD
BLDG 4, SUITE 459
JACKSONVILLE FL 32225-6584
US

2. Principal Place of Business

9951 Atlantic Blvd

3. Mailing Address

9951 Atlantic Blvd

Suite, Apt. #, etc.

Bldg 4, Suite 442

Suite, Apt. #, etc.

Bldg 4, Suite 442

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32225

Country

USA

Zip

32225

Country

USA

4. FEI Number

59-3285950

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEA, PATRICK
11576 RIVA RIDGE COURT
JACKSONVILLE FL 32218

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

Patrick X3
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BEA, PATRICK**
STREET ADDRESS **11576 RIVA RIDGE CT**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **V** ☐ Delete
NAME **BEA, SHEREE**
STREET ADDRESS **11576 RIVA RIDGE CT**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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:

Patrick X3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-757-742

CR2E034 (9/99)