

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P95000036476**1. Entity Name
BETON DEVELOPMENT CORP.**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90139 046 ***150.00

Principal Place of Business

~~1000 WEST AVENUE, #312~~
~~MIAMI BEACH FL 33139~~

Mailing Address

~~1000 WEST AVENUE, #312~~
~~MIAMI BEACH FL 33139~~**C0027290**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
25 SE 2nd Avenue3. Mailing Address
25 SE 2nd Avenue

Suite, Apt. #, etc.

Suite 712

Suite, Apt. #, etc.

Suite 712

City & State

Miami FL

City & State

Miami FL4. FEI Number **65-0581586**

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA5. 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

DE SOUZA, ARTUR MARANHAO
7904 WEST DRIVE
UNIT 905
N BAY VILLAGE FL 33141

Name

Garry Nelson, Attorney at Law

Street Address (P.O. Box Number is Not Acceptable)

1401 Brickell Avenue**Suite 300**

City

Miami**FL**Zip Code **33131**

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

Garry Nelson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/019. 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DA COSTA TENORIO, JOAO RUA ARISTEU DE ANDRADE 40 APT. 1201 MACEIRO ALAGOAS BRAZIL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P (SAME AS LEFT) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARANHAO, ROMERO C AV. BOA VIAGEM 2784, APT. 801 RECIFE PE BRAZIL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIQUEIREDO, CORDELIA M RUA DOS NAVEGANTES 1203, APT. 101 RECIFE PE BRAZIL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Joao da Costa Tenorio, Pres. **2/14/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)