2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000021049

1. Entity Name

BIUTEL BEACH, INC.

Principal Place of Business Mailing Address 3101 COLLINS AVE 17875 COLLINS AVENUE MIAMI BCH FL 33140 NORTH MIAMI BEACH FL 33160 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0661978 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Brown WILSON, DONALD D JR Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd 9500 S DADELAND BLVD STE 700 Suite 265-SD MIAMI FL 33156 City Hollywood Zip3 3 3 2 1 FL ing its registered office or registered agent, or both, in the State of Florida. ts this statement for the ou 8. The above named e SIGNATURE DATE nature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \Box Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition TITLE DSPT Delete TITLE NAME NAME RIU, LUIS JR. STREET ADDRESS STREET ADDRESS 3101 COLLINS AVE CITY-ST-ZIP CITY-ST-7IP MIAMI BCH FL 33140 Addition ☐ Delete TITLE Change TETLE DVP NAME NAME **GUELL, CARMEN R** STREET ADDRESS STREET ADDRESS 3101 COLLINS AVE CITY-ST-ZIP CITY-ST-ZIP MIAM! BCH FL 33140 ☐ Change Addition XX Delete TITLE NAME NAME BENGOELHEA, EZEQUIEL STREET ADDRESS STREET ADDRESS 3101 COLLINS AVE CITY-ST-7IP C!TY-ST-ZIP MIAMI BEACH FL 33140 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TIT1 F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 true empowered to execute this port as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment w owered. SIGNATURE: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11, 2001 8:00 am Secretary of State

05-11-2001 90048 023 ***158.75