

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90405 012 ***150.00

DOCUMENT # P96000024255



1. Entity Name
INMOBILIARIA BETANCOURT, INC.

Principal Place of Business
19420 S.W. 87TH AVENUE
MIAMI FL 33157

Mailing Address
19420 S.W. 87TH AVENUE
MIAMI FL 33157



2. Principal Place of Business

325 OCEAN DRIVE

Suite, Apt. #, etc.

APT # 201

City & State

MIAMI BEACH, FL.

Zip

33139

Country

USA

3. Mailing Address

325 OCEAN DRIVE

Suite, Apt. #, etc.

APT # 201

City & State

MIAMI BEACH, FL.

Zip

33139

Country

USA

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number 65-0917819

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BETANCOURT, NICOLAS A
19420 S.W. 87 AVE.
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

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

325 OCEAN DRIVE APT # 201

City

MIAMI BEACH

FL

Zip Code

33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **NICOLAS A. BETANCOURT**

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

(NOTE: Registered Agent signature required when reinstating)

3/3/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BETANCOURT, NICOLAS A**
STREET ADDRESS **19420 S.W. 87TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03 **(305) 674-8926**
Date Daytime Phone #

CR2E034 (10/02)