

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90283 039 ***150.00

DOCUMENT # P97000031435
 1. Entity Name
BETHEL INTERNATIONAL, INC.

Principal Place of Business Mailing Address
~~777 NW 72ND AVE. 3-A-9~~ ~~MIAMI FL 33126~~
~~777 NW 72ND AVE. 3-A-9~~ ~~MIAMI FL 33126~~

LU010700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10730 NW 66 ST
 Suite, Apt. #, etc. Apt 407
 City & State Miami FL
 Zip 33178 Country USA

3. Mailing Address 10730 NW 66 ST
 Suite, Apt. #, etc. APT 407
 City & State MIAMI FL
 Zip 33178 Country USA

4. FEI Number 65-0741650 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KOH, JEA JIN
 777 NW 72ND AVE. 3-A-9
 MIAMI FL 33126

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 10730 NW 66 ST
 APT 407
 City MIAMI FL Zip Code 33178

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 *[Signature]* DATE 1/11/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 PD NAME KOH, JEA JIN STREET ADDRESS 777 NW 72ND AVE. 3-A-9 CITY-ST-ZIP MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE VP NAME KOH, HEA W STREET ADDRESS 777 NW 72ND AVE. 3-A-9 CITY-ST-ZIP MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE STD NAME KOH, YEA S STREET ADDRESS 777 NW 72ND AVE. 3-A-9 CITY-ST-ZIP MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME 10730 NW 66 ST APT 407 STREET ADDRESS MIAMI FL 33178 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME 10730 NW 66 ST APT 407 STREET ADDRESS MIAMI FL 33178 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* DATE 1/11/01 (305) 597-5949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)