

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000083311

1. Entity Name

MOTHER TO BEE, INC.

Principal Place of Business

427 Hialeah Dr.
Hialeah Fla. 33010

Mailing Address

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0077579

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARIO HERNANDEZ
7065 West 10th Ave.
Hialeah Fla. 33014

Name

Segundo Alberto Soto

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

427 Hialeah DR.

City

Hialeah

FL

Zip Code
33010

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 23, 2001

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

FILE NOW!!! Filing
After MAY 1, 2001 Fee will be
\$20.00
...to Check Payable to Department of State

10. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P/D Mario Hernandez
7065 West 10th Ave.
Hialeah, Fl. 33014

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P/D Segundo Alberto Soto
3441 East 8th Lane
Hialeah Florida 33013

Change Additio

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SEGUNDO ALBERTO SOTO

Jan 23, 2001

SIGNATURE/WORD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #