

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091502

1. Entity Name

BT ASSOCIATES INTERNATIONAL, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90040 023 ***150.00

Principal Place of Business Mailing Address
2989 BRIDGEPORT AVE 2989 BRIDGEPORT AVE
COCONUT GROVE FL 33133 COCONUT GROVE FL 33131-2644
US US

2. Principal Place of Business 3. Mailing Address
540 Brickell Key Drive **540 Brickell Key Drive**

Suite, Apt. #, etc. Suite, Apt. #, etc.
1502 **1502**

City & State City & State
Miami, Florida **Miami, Florida**

Zip Country Zip Country
33131 **US** **33131** **US**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0790234** Applied For
Not Applicable

5. 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

BENITEZ, ALBERTO
2989 BRIDGEPORT AVE
COCONUT GROVE FL 33133

Name **ALBERTO BENITEZ**
Street Address (P.O. Box Number is Not Acceptable)
540 BRICKELL KEY DRIVE #1502
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 **ALBERTO BENITEZ** DATE **01-05-00**
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BENITEZ, ALBERTO	
STREET ADDRESS	520 BRICKELL KEY, UNIT 1817	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TAUIER MARTINEZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	540 BRICKELL KEY DRIVE #1502	
STREET ADDRESS	MIAMI, FL 33131	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ALBERTO BENITEZ** DATE **01-05-00** DAYTIME PHONE # **(305) 801 5687**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR