

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091658

1. Entity Name

THREE BEES, INC.

Principal Place of Business

1724 Johnson Street, #29
Hollywood, FL 33020

Mailing Address

1724 Johnson Street, #29
Hollywood, FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number 65-081-9984

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

Name
Deborah S. KOWALSKY, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2501 Hollywood Blvd., Suite 206

City Hollywood, FL Zip Code 33020

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

Deborah S. Kowalsky DEBORAH S. KOWALSKY

10/19/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME MARINO BESU DPST
STREET ADDRESS 907 Washington Street
CITY-ST-ZIP Hollywood, FL 33019

TITLE NAME DPST
STREET ADDRESS Ana Besu
CITY-ST-ZIP 1724 Johnson Street, Apt. 29
Hollywood, FL 33020

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE 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:

Ana Besu

ANA BESU

10-19-2000

954-927-7437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)