

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90250 027 ***150.00

DOCUMENT # P97000091658

1. Entity Name

THREE BEES, INC.



DO NOT WRITE IN THIS SPACE

11017474

2. Principal Place of Business

2201 N. Ocean Blvd.

Suite, Apt. #, etc.

3. Mailing Address

2201 N. Ocean Blvd.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

650819984

Applied For

Not Applicable

Zip
22204

Country
USA

Zip
33305

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
KOWALSKY, DEBORAH S., ESQ.

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

City
Hollywood

FL

Zip Code
33020

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
DPTS
NAME
ANA BESU
STREET ADDRESS
2201 N. Ocean Blvd.
CITY-ST-ZIP
Ft. Lauderdale, FL 33305

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ana Besu

ANA BESU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 954-563-4494

Date

Daytime Phone #

CR2E034B (12/02)