

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90085 037 ***150.00

DOCUMENT # P97000101501

1. Entity Name
BECTRASYS CORPORATION

Principal Place of Business

~~9965 SOUTHWEST 125 TERRACE~~
~~MIAMI FL 33176~~

Mailing Address

P.O. BOX 565388
 MIAMI FL 33256

2. Principal Place of Business

10700 SW 88 ST

3. Mailing Address

P.O. Box 565388

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0797742

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, SILVIA A

~~8820 SW 102 STREET~~
~~MIAMI FL 33176~~

Change of Address only →

7. Name and Address of New Registered Agent

Name

Rodriguez, Silvia A.

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

10700 SW 88 ST.

City

Miami

FL

Zip Code

33176

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

(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 \$150.00
After May 1, 2002 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 **PTD** ☐ Delete

NAME **BECERRA-FERNANDEZ, IRMA**

STREET ADDRESS ~~10901 SW 120TH STREET~~

CITY-ST-ZIP ~~MIAMI FL 33176~~

TITLE **VSD** ☐ Delete

NAME **RODRIGUEZ, SILVIA A**

STREET ADDRESS ~~9020 SW 102 ST~~

CITY-ST-ZIP ~~MIAMI FL 33176~~

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

10700 SW 88 ST, Suite 300
 Miami, FL 33176

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

10700 SW 88 ST, Suite 300
 Miami, FL 33176

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

305-273-9200

Daytime Phone #

CR2E034 (9/01)