

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000006185**

1. Entity Name

BEE INTERNATIONAL CORP.

Principal Place of Business

**5554 NW 55TH DRIVE
COCONUT CREEK FL 33073**

Mailing Address

**5554 NW 55TH DRIVE
COCONUT CREEK FL 33073**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0807691**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BORT, ALBERTO
5554 N.W. 55 DRIVE
APT. C
COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name

**BORT, ALBERTO
5554 NW 55 DRIVE**

City

COCONUT CREEK FL 33073

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.

ALBERTO BORT, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

04-25-019. 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, 2001 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 **D** ☐ Delete
NAME **CYNAMON, DEBORAH**
STREET ADDRESS **5554 N.W. 55 DR**
CITY-ST-ZIP **COCONUT CREEK FL 33073**TITLE **P** ☐ Delete
NAME **BORT, ALBERTO**
STREET ADDRESS **5554 N.W. 55 DR**
CITY-ST-ZIP **COCONUT CREEK FL 33073**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERTO BORT, PRESIDENT

Date

04-25-01

Daytime Phone #

(954) 427-7444

DO NOT WRITE IN THIS SPACE

0139132

CR2E034 (10/00)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90152 007 ***150.00