

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90372 007 ***150.00

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 AV

DOCUMENT # P98000009417

1. Entity Name

BETTER MANUFACTURING OF MIAMI, INC.

Principal Place of Business

**7245 NW 44TH ST.
 MIAMI FL 33166**

Mailing Address

**7245 NW 44TH ST.
 MIAMI FL 33166**

2. Principal Place of Business

13295 NN 107th Avenue

3. Mailing Address

P.O. Box 278781

Suite, Apt. #, etc.

Unit B

Suite, Apt. #, etc.

City & State

Hialeah Gardens, FL

City & State

Miramar, FL

Zip

33018

Country

MIAMI-DADE

Zip

33027

Country

BROWARD

4. FEI Number

65-0813884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BEAUHARNAIS, BENJAMIN
 7245 NW 44TH ST.
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **BENJAMIN BEAUHARNAIS**

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

1860 SW 101 WAY

City

MIRAMAR

FL

Zip Code

33025

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 **Benjamin Beauharnais**

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

(NOTE: Registered Agent signature required when reinstating)

05/01/2002

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	PVSD	<input type="checkbox"/> Delete
NAME	BEAUHARNAIS, BENJAMIN	
STREET ADDRESS	1860 SW 101 WAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Benjamin Beauharnais

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/2002

Date

(305) 558-3000

Daytime Phone #

CR2E034 (9/01)