

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000015533

1. Corporation Name
BUSINESS ETC. INSTITUTE, INC.

Principal Place of Business
2750 W 68TH STREET
SUITE 228
HIALEAH FL 33016

Mailing Address
2750 W 68TH STREET
SUITE 228
HIALEAH FL 33016

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90071 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1998

4. FEI Number

65-0831067

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1490 W 49 PL

Suite, Apt. #, etc.

22 498

City & State

23 HIALEAH, FL

Zip

24 33012

Country

25 USA

2a. Mailing Address

26 1490 W 49 PL

Suite, Apt. #, etc.

27 498

City & State

28 HIALEAH, FL

Zip

29 33012

Country

30 USA

9. Name and Address of Current Registered Agent

SEIDMAN, MARVIN B
2750 W 68TH STREET
SUITE 228
HIALEAH FL 33016

1490 W 49 PL
SUITE 498
HIALEAH, FL 33012

10. Name and Address of New Registered Agent

81 Name

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

1490 W 49 PL

83 SUITE 498

84 City HIALEAH

FL

85 Zip Code 33012

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SUAREZ, S S
STREET ADDRESS 2750 W 68TH STREET, SUITE 228
CITY-ST-ZIP HIALEAH FL 33016

TITLE D
NAME J. SUAREZ
STREET ADDRESS 1490 W 49 PL #498
CITY-ST-ZIP HIALEAH, FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

3/23/99 (305) 558-5732

Date

Daytime Phone #

0134103

CR2E034 (11/98)