2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P98000016367

1. Entity Name
BENTEL CORPORATION

Principal Place of Business	Mailing Address
3805 NW 107 AVENUE	P.O. BOX 560683
SUITE 123	MIAMI FL 33256
MIAMI FL 33178	
US	

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number   65-0924426 | Applied For | Not Applicable |

Zip | Country | Zip | Country

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

| **6. Name and Address of Current Registered Agent**	**7. Name and Address of New Registered Agent**
QUESADA, G. FRANK ESQ. 1313 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	IRASTORZA, BENITO		NAME		
STREET ADDRESS	PO BOX 560683		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	IRASTORZA, BENITO		NAME		
STREET ADDRESS	PO BOX 560683		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (01/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.
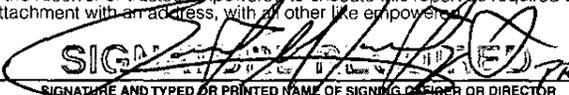
SIGNATURE: _____ PR. 4/28/03   (305) 667-3134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #