

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019527

1. Entity Name

BEYNI INVESTMENTS, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90048 028 \*\*\*150.00

Principal Place of Business

5858 N.W. 113TH PLACE  
 MIAMI FL 33178

Mailing Address

5858 N.W. 113TH PLACE  
 MIAMI FL 33178-2818

2. Principal Place of Business

2480 NW 20th St #A

3. Mailing Address

2480 NW 20th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

33142 USA

Zip

Country

33142 USA

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

BARRIGA, EDGAR  
 5858 NW 113TH PACE  
 MIAMI FL 33178

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.

SIGNATURE

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

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete

NAME BARRIGA, EDGAR  
 STREET ADDRESS 5858 N.W. 113TH PLACE  
 CITY-ST-ZIP MIAMI FL 33178

TITLE SD ☐ Delete

NAME CARDONA, JENNY  
 STREET ADDRESS 5858 N.W. 113TH PLACE  
 CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

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TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

Daytime Phone #

CR2E034 (9/99)