

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024454

1. Entity Name

BETA MORTGAGE PROFESSIONALS CORP.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90238 011 ***150.00

Principal Place of Business

9990 S.W. 77 AVE
STE 216
MIAMI FL 33156

Mailing Address

9990 S.W. 77 AVE
STE 216
MIAMI FL 33156

2. Principal Place of Business

9990 S.W. 77 Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33156

Country

Dade

Zip

33156

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0832530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BETANCOURT, JULIA
12071 SW 116 STREET
MIAMI FL 33186

7. Name and Address of New Registered Agent

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

Julia M Betancourt

2-9-01

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, 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 PD
NAME BETANCOURT, JULIA M
STREET ADDRESS 12071 SW 116 STREET
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

Julia M Betancourt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-01 (305) 271-7121

CR2E034 (10/00)

0195387