

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90250 042 \*\*\*150.00

**DOCUMENT # P98000024454**

**1. Entity Name**  
**BETA MORTGAGE PROFESSIONALS CORP.**

**Principal Place of Business**

9990 SW 77 AVENUE  
 # 207  
 MIAMI FL 33156

**Mailing Address**

9990 SW 77 AVENUE  
 # 207  
 MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

9990 S.W. 77 Ave.

Suite, Apt. #, etc.

# 317

City & State

Miami, FL

Zip

33156

Country

USA

**3. Mailing Address**

9990 S.W. 77 Ave

Suite, Apt. #, etc.

# 317

City & State

Miami FL

Zip

33156

Country

USA

**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

Julio M. Betancourt

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

9990 S.W. 77 Ave

Suite # 317

City

Miami

FL

Zip Code

33156

**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**

*Julio M. Betancourt*

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

(NOTE: Registered Agent signature required when reinstating)

1/17/02

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
 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:**

*Julio M. Betancourt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)