

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032489

1. Entity Name

BEVERIN, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90067 006 ***150.00

Principal Place of Business

4271 HUNTING TRAIL
 LAKE WORTH FL 33414

Mailing Address

12230 FOREST HILL BLVD
~~110 C~~
 WELLINGTON FL 33414-5700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

310

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-215-6613 **APPLIED FOR**

Applied For

Not Applicable

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

REUTTER, THOMAS P
 12230 FOREST HILL BLVD
~~110 C~~
 WELLINGTON FL 33414

Name

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

12230 Forest Hill Blvd # 310

City Wellington

FL

Zip Code 33414

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 **D** ☐ Delete
 NAME **BUEHLMANN, HEINZ**
 STREET ADDRESS **12230 FOREST HILL BLVD 110 C**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☒ Change ☐ Addition
 NAME **12230 Forest Hill Blvd # 310**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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

I 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
 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
 changing the registered office or registered agent with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)