## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P98000068336** May 08, 2000 8:00 am **Secretary of State** BEBE LATINO, INC. 05-08-2000 90081 046 \*\*\*158.75 Principal Place of Business Mailing Address 11907 S.W. 110TH ST CIR. E. 11907 S.W. 110TH ST CIR. E. MIAMI FL 33186 MIAMI FL 33186-3831 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0856552 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Ø Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GUERRERO, JULIAN N DR. Street Address (P.O. Box Number is Not Acceptable) 11907 S.W. 110TH ST CIR. E. MIAMI FL 33186 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PTD ☐ Addition ☐ Change ☐ Delete TITLE TITLE GUERRERO, JULIAN N NAME NAME STREET ADDRESS 11907 S.W. 110TH ST CIR. E. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE **GUERRERO, VERONICA** NAME STREET ADDRESS STREET ADDRESS 11907 S.W. 110TH ST CIR. E. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is changed, or on an attachment with an address, with all other like empowered. 305

**SIGNATURE:** 

ERONICA GUERRERO 04/20