## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # **P98000070466** INBEPRA, INC. 05-02-2000 90058 042 \*\*\*158.75 Mailing Address Principal Place of Business 9389 NW 13 ST 9389 NW 13 ST **FANA\21A2** MIAMI FL 33172-2807 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0869555 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent - \* ' Name CUEVAS, ANDREW ESQ. Street Address (P.O. Box Number is Not Acceptable) 9200 S. DADELAND BLVD. SUITE 603 **MIAMI FL 33156** Zip Code City FL 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 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition DPS TITLE Delete TITLE BETTENCOURT, CESAR AUGUSTO NAME NAME 1319 CAMELLIA CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 Change ☐ Addition □ Delete TITLE TITLE PRADA DE BETTENCOURT, IRENE CRISTINA NAME NAME STREET ADDRESS STREET ADDRESS 1319 CAMELLIA CIRCLE CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 ☐ Chánge ☐ Addition Delete TITLE 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-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing downot 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 apparate 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 empoyered of ecute 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, without other like empowered. CESAR A. Bettencount

Presiden

ME OF SIGNING OFFICER OR DIRECTOR