Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90275 044 ***150.00

DOCUMENT #

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City & State

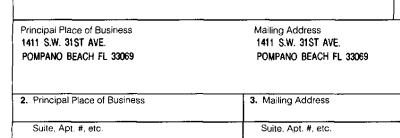
Zìp

1. Entity Name

City & State

Zip

BEA - WELL & ASSOCIATES, INC.



6. Name and Address of Current Registered Agent



☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0862381 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

MINIACI. ALBERT J 1411 S.W. 31ST AVENUE POMPANO BEACH FL 33069

Name	7. Name and Address of		·
	<u> </u>		
Street Address (P.C	D. Box Number is Not Acc	eptable)	
			
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. I am familiar with, and accept the obligations of registered agent.

Country

SIGNATURE

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

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

\$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MINIACI, BEATRIZ H 1411 S.W. 31ST AVENUE POMPANO BEACH FL 33069	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MINIACI, ALBERT 1411 S.W. 31ST AVENUE POMPANO BEACH FL 33069	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (10/02)