

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084267

1. Entity Name

BEAUCEANT, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90106 042 ***158.75

Principal Place of Business

Mailing Address

3975 NW 3RD ST
MIAMI FL 33126
US

3975 NW 3RD ST
MIAMI FL 33126-5723
US

2. Principal Place of Business

3. Mailing Address

2210 REDDFIELD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FALLS CHURCH VA

Zip

Country

Zip

Country

22043

4. FEI Number

65-0865891

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CICARE, CHRISTIAN
3975 NW 3RD ST
MIAMI FL 33126

Name

ANTONIO PEDRERO

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

~~3975 NW 3RD ST~~
3975 NW 3RD ST

City

MIAMI

FL

Zip Code

33126

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

3/2/2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

X

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CICARE, CHRISTIAN
3975 NE 3RD ST
MIAMI FL 33126

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIRECTOR
ARMANDO A. PEDRERO
2210 REDDFIELD DR
FALLS CHURCH VA 22043

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
ARMANDO A. PEDRERO
2210 REDDFIELD DR
FALLS CHURCH VA 22043

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ARMANDO A. PEDRERO 3/2/00 703-893-1383