

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045515

1. Entity Name

BILL, BETSY & COMPANY

Principal Place of Business

1446 OCEAN DRIVE STE. 16
MIAMI BEACH FL 33139

Mailing Address

1446 OCEAN DRIVE STE. 16
MIAMI BEACH FL 33139-4127

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1720 LENOX AVENUE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

6. Name and Address of Current Registered Agent

STARR, IVAR M
350 LINCOLN ROAD STE. 407
MIAMI BEACH FL 33139-3148

7. Name and Address of New Registered Agent

Name

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

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.

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

| | | |
|----------------|--------------------------|--|
| TITLE | TPS | <input checked="" type="checkbox"/> Delete |
| NAME | WILSON, TINA | |
| STREET ADDRESS | 1446 OCEAN DRIVE STE. 16 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | TPS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILSON, SUSAN B. | |
| STREET ADDRESS | 1720 LENOX AVENUE | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | JOHNSON, ANGELINA J | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 2206 CRYSTAL DR | |
| CITY-ST-ZIP | FORT MYERS FL 33907 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILSON, TINA | |
| STREET ADDRESS | 1446 OCEAN DRIVE STE. 16 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 execute 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, with all other like empowered.

SIGNATURE:

Susan B. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

(305)535-0173

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90025 024 ***150.00