

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90018 046 ***150.00

DOCUMENT # P99000050379

1. Entity Name
B4BPARTNER INC.

Principal Place of Business

300 SEVILLA AVE.
STE 201
MIAMI FL 33134

Mailing Address

300 SEVILLA AVE.
STE 201
MIAMI FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0924997**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, THOMAS O ESQ.
777 BRICKELL AVE., STE. 980
MIAMI FL 33131

Name
Thomas O. Wells
Street Address (P.O. Box Number is Not Acceptable)
300 Sevilla Avenue, Suite 201
City **Coral Gables** **FL** Zip Code **33134**

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

Thomas O. Wells

4/9/01

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WELLS, THOMAS**
STREET ADDRESS **1301 SOVOLA AVE.**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **V** ☐ Change ☒ Addition
NAME **Wells, Diane**
STREET ADDRESS **1301 Sorolla Avenue**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Breeden, Don M.**
STREET ADDRESS **13627 Deering Bay Drive, Unit 1404**
CITY-ST-ZIP **Coral Gables, FL 33158**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Moya, Beth**
STREET ADDRESS **1320 South Dixie Highway, Ste. 1060**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Shurman, John L.**
STREET ADDRESS **3608 St. Gaudens Road**
CITY-ST-ZIP **Miami, FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Thomas O. Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Date

(305) 476-0680

Daytime Phone #

CR2E034 (10/00)