

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90473 012 \*\*\*150.00

**DOCUMENT # P99000094537**

1. Entity Name  
**BETTMAN, INC.**



Principal Place of Business  
**1313 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES FL 33134**

Mailing Address  
**1313 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES FL 33184**

**20005089**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0968256**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**FERRO, ANGEL MANUEL**

**110 SOUTH PROSPECT DRIVE 8859 SW 24 ST  
CORAL GABLES FL 33133 Miami, FL 33165**

Name

**Angel M. Ferro**

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

**8859 SW 24 ST**

City

**Miami**

FL

Zip Code  
**33165**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **FERRO, ANGEL MANUEL SR.**  
CITY-ST-ZIP **110 SOUTH PROSPECT DRIVE 8859 SW 24 ST  
CORAL GABLES FL 33133 Miami, FL 33165**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **FERRO, BEATRIZ M**  
CITY-ST-ZIP **110 SOUTH PROSPECT DRIVE SAME AS ABOVE  
CORAL GABLES FL 33133**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **FERRO, ANGEL MANUEL JR**  
CITY-ST-ZIP **6925 S.W. 72ND COURT  
MIAMI FL 33133**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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.

SIGNATURE:

**SIGNATURE Angel M. Ferro**

**1/8/03 (305) 223-0330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)