

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095858

1. Entity Name

BETIS U.S.A., INC.

Principal Place of Business

3501 W VINE ST
STE 503
ORLANDO FL 34741

Mailing Address

3501 W VINE ST
STE 503
KISSIMMEE FL 34741

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90013 037 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3501 W. Vine ST.

3. Mailing Address

3501 W. Vine ST

Suite, Apt. #, etc.

503

Suite, Apt. #, etc.

503

City & State

Kissimmee-FL

City & State

Kissimmee - FL

Zip

34741

Country

USA

Zip

34741

Country

USA

4. FEI Number

59-3610744

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERMUDEZ, ALEXANDER
3501 W VINE ST
STE 503
KISSIMMEE FL 34741

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, 2001 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 ☒ Delete
NAME D
STREET ADDRESS FERNANDEZ, ALEXANDER J
CITY-ST-ZIP 901 RACHNA LANE SUITE D
KISSIMMEE FL 34741

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Bermudez Alexander
CITY-ST-ZIP 3835 NAUTICAL way 203
Kissimmee FL 34741

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

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

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

TITLE ☐ Change ☐ Addition
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/01

Date

Daytime Phone #

407-569-2324

CR2E034 (10/00)