FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91800 001 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095858

1. Entity Name
BeTis USA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3501 W. Vine st	4116 Vista lago cir
Suite, Apt. #, etc.: 326	Suite, Apt. #, etc.: 202
City & State: Kissimmee FL	City & State: Kissimmee FL 34741
Zip: 34741 Country: USA	Zip: 34741 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3610744 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Alexander Bermudez

Street Address (P.O. Box Number is Not Acceptable): 4116 Vista lago cir 202

City: Kissimmee FL Zip Code: 34741

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Alexander Bermudez 4116 Vista Lago cir 202 Kissimmee FL 34741
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/28/03 407-5187382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #