

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S63190

1. Entity Name

BENTEL GROUP, INC.

Principal Place of Business

1570 MADRUGA AVE.
STE. 229
CORAL GABLES FL 33146

Mailing Address

1578 MADRUGA AVE.
STE. 229
CORAL GABLES FL 33146-2415

2. Principal Place of Business

1570 Delgado Av
Suite, Apt. #, etc.

3. Mailing Address

1570 Delgado Av
Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip
33146

Country
Dade

Zip
33146

Country
Dade

6. Name and Address of Current Registered Agent

AYMERICH, YSABEL M.
~~1570 MADRUGA AVENUE NO. 229~~
CORAL GABLES FL 33146

Name

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

1570 Delgado Av

City

FL

Zip Code

33146

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

Ysabel Ceyruch

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-00

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	PDS	<input type="checkbox"/> Delete
NAME	AYMERICH, YSABEL M.	
STREET ADDRESS	1570 MADRUGA AVE, #229 1570 Delgado Av	
CITY-ST-ZIP	CORAL GABLES FL 33146	
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	<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	
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:

Ysabel Ceyruch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-00 30 667422

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90061 025 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0284486

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent