

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-01-2000 90083 015 ***150.00

DOCUMENT # 102103

1. Entity Name
BEVERLY TERRACE MANOR CORPORATION

Principal Place of Business Mailing Address
3224 BISCAYNE BLVD 3224 BISCAYNE BLVD
MIAMI FL 33137 3F
MIAMI FL 33137-4145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **NOT APPLICABLE** 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
DIMES, WILLIAM S.
3224 BISCAYNE BLVD. F-3
MIAMI FL 33137

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 _____ (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. **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 | P | <input type="checkbox"/> Delete |
| NAME | DIMES, WILLIAM S | |
| STREET ADDRESS | 3224 BISCAYNE BLVD | |
| CITY-ST-ZIP | MIAMI FL 33137 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | DINUNZIO, PHILLIS | |
| STREET ADDRESS | 3224 BISCAYNE BLVD APT F-1 | |
| CITY-ST-ZIP | MIAMI FL 33137 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | DECONNA, CLAIRE | |
| STREET ADDRESS | 3224 BISCAYNE BLVD | |
| CITY-ST-ZIP | MIAMI FL 33137 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | CENTER, GUY | |
| STREET ADDRESS | 3224 BISCAYNE BLVD-2F | |
| CITY-ST-ZIP | MIAMI FL 33137 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MOZO, PEARLE | |
| STREET ADDRESS | 3224 BISCAYNE BLVD APT 1B | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CZAJKA, MATTHEW | |
| STREET ADDRESS | 3224 BISCAYNE BLVD | |
| CITY-ST-ZIP | MIAMI FL 33137 | |

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 | | |

DAVID H. GARZONE Change Addition
3224 Biscayne Blvd
Miami, FL 33137 **TREASURER**

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: William S. Dimes **William S. Dimes** 02-19-2000 305 545-4221
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)