

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-01-2000 90041 005 ***150.00

DOCUMENT # **344579**

1. Entity Name

2295 SOUTH OCEAN BOULEVARD CORP

Principal Place of Business

Mailing Address

2295 S OCEAN BLVD.
 PALM BEACH FL 33480

2295 S OCEAN BLVD.
 PALM BEACH FL 33480-5357

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1278985

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKERMAN, GEORGE
2295 S. OCEAN BLVD.
APT. #407
PALM BEACH FL 33480

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 *George Beckerman*

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BECKERMAN, GEORGE		NAME George Spiegel	
STREET ADDRESS 2295 SO OCEAN BLVD		STREET ADDRESS 2295 So Ocean Blvd #815	
CITY-ST-ZIP PALM BEACH FL		CITY-ST-ZIP Palm Beach, FL 33480	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MILLER, JEROME		NAME Samuel Peltz	
STREET ADDRESS 2295 S. OCEAN BLVD.		STREET ADDRESS 2295 South Ocean Blvd #611	
CITY-ST-ZIP PALM BEACH FL		CITY-ST-ZIP Palm Beach, FL 33480	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STEIN, HENRY R.		NAME Stanley Jacoby	
STREET ADDRESS 2295 S OCEAN BLVD		STREET ADDRESS 2295 South Ocean Blvd #524	
CITY-ST-ZIP PALM BEACH FL 33480		CITY-ST-ZIP Palm Beach, FL 33480	
TITLE T	<input type="checkbox"/> Delete	TITLE Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COHEN, PHILIP		NAME Stanley Schwartz	
STREET ADDRESS 2295 SO OCEAN BLVD		STREET ADDRESS 2295 South Ocean Blvd #617	
CITY-ST-ZIP PALM BEACH FL		CITY-ST-ZIP Palm Beach, FL 33480	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GRAHAM, IRENE		NAME Sidney Silver	
STREET ADDRESS 2295 SO OCEAN BLVD		STREET ADDRESS 2295 South Ocean Blvd #223	
CITY-ST-ZIP PALM BEACH FL		CITY-ST-ZIP Palm Beach, FL 33480	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MASON, MALCOLM		NAME	
STREET ADDRESS 2295 S OCEAN BLVD #925		STREET ADDRESS	
CITY-ST-ZIP PALM BEACH FL		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:

George Beckerman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2/21/00

Date

561-582-3548

Daytime Phone #

CR2E034 (9/99)