## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## **DOCUMENT#** 480093

Country

6. Name and Address of Current Registered Agent

1. Entity Name

Zip

BEACH TYPEWRITER CO., INC.



Principal Place of Business 18851 NW 64TH STREET HIALEAH FL 33015

NENGEL,M. FRANK

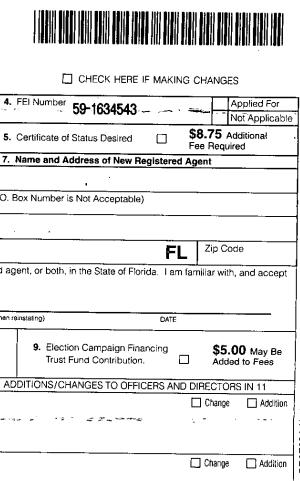
Mailing Address 18851 NW 64TH STREET HIALEAH FL 33015

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

Zip



02-24-2003 90241 008 \*\*\*150.00



18851 NW 64TH COURT	Street Address (P.O. Box Number is Not Acceptable)				
HIALEAH FL 33015				<u>-</u>	
	City		Zip Cod	e	
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. Tam familiar with, and accept the obligations of registered agent.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State		Election Campaign Financing     Trust Fund Contribution.		<b>0</b> May Be I to Fees	
10. OFFICERS AND DIRECTORS	. 11. AD	DITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS	S IN 11	
TITLE S Delete	TITLE		☐ Change	☐ Addition	
NAME NENGEL, MILTON E. STREET ADDRESS 18851 NW 64TH COURT	NAME	and the second			
CITY-ST-ZIP HIALEAH FL 33015	STREET ADDRESS CITY-ST-ZIP				
TITLE VP Delete	TITLE	<del></del>	☐ Change	Addition	
NAME NENGEL, ALAN S	NAME		L Change	☐ Addition	
STREET ADDRESS 7041 NW 169TH STREET	STREET ADDRESS				
CITY-ST-ZIP HIALEAH FL 33015	CITY-ST-ZIP				
TITLE Delete	TITLE		☐ Change	☐ Addition	
NAME STREET ADDRESS	NAME			ì	
CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP				
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	CITY-ST-ZIP			}	
12. Thereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my	e exemption stated in Section 1	19.07(3)(i), Florida Statutes. I further ce	rtify that the inf	ormation	

Country

Name

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 Block 11 if chapter 607.