

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90150 029 ***150.00

DOCUMENT # 624829

1. Entity Name
BEECH MOUNTAIN DEVELOPMENT CORP.

Principal Place of Business 2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133	Mailing Address 2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133-5309
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2. Principal Place of Business 1870 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133-5309 Us	3. Mailing Address 1870 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133-5309 Us
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DO NOT WRITE IN THIS SPACE

FEI Number 59-1929319	Applied For <input type="checkbox"/> Not Applicable
Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROTHSTEIN, LAWRENCE
2701 SOUTH BAYSHORE DRIVE, PENTHOUSE
MIAMI FL 33133

7. Name and Address of New Registered Agent
ROTHSTEIN, LAWRENCE I.
1870 SOUTH BAYSHORE DRIVE
COCONUT GROVE, FL 33133
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 **LAWRENCE ROTHSTEIN** **4/14/00**
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. **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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WIENER, MAURICE 2701 S. BAYSHORE DR COCONUT GROVE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WIENER, MAURICE 1870 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133 ✓ n
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ROTHSTEIN, LAWRENCE 2701 S BAYSHORE DR COCONUT GROVE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ROTHSTEIN, LAWRENCE I. 1870 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133 ✓ n
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CAMAROTTI, CARLOS 2701 SOUTH BAYSHORE DRIVE COCONUT GROVE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CAMAROTTI, CARLOS 1870 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133 ✓ n
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CRANK, KEITH W. 2701 S BAYSHORE DR COCONUT GROVE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CRANK, KEITH W. 1870 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133 ✓ n
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **CARLOS CAMAROTTI** **4/14/00** **(305) 854-6803**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)