

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710111

1. Entity Name

BEACH MANOR CONDOMINIUM, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90030 001 ****61.25

Principal Place of Business	Mailing Address
% BEACH MANOR CONDOMINIUM 345 MICHIGAN AVENUE MIAMI BEACH FL 33139	% BEACH MANOR CONDOMINIUM 345 MICHIGAN AVENUE MIAMI BEACH FL 33139-6838



DO NOT WRITE IN THIS SPACE

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	Applied For
59-1159534	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEELE, CLIFFORD R ESQ.
 STEELE & HANSON, P.A.
 150 WEST FLAGLER ST., PENTHOUSE
 MIAMI FL 33130

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEACH, DANIEL	
STREET ADDRESS	345 MICHIGAN AVENUE #32	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALBRECHT, MADELINE	
STREET ADDRESS	345 MICHIGAN AVENUE #17	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROJAS, CARLOS	
STREET ADDRESS	345 MICHIGAN AVENUE #8	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WACKER, MICHAEL A	
STREET ADDRESS	345 MICHIGAN AVENUE #29	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ISABEL	
STREET ADDRESS	345 MICHIGAN AVENUE #35	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anne Tothe	
STREET ADDRESS	345 Michigan Ave #12	
CITY-ST-ZIP	Miami Beach FL 33139	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Omar Gonzalez	
STREET ADDRESS	2660 NW 18 Terrace	
CITY-ST-ZIP	Miami, FL 33125	
TITLE	TO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos Rojas	
STREET ADDRESS	345 Michigan Ave #8	
CITY-ST-ZIP	Miami Beach FL 33139	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	345 Michigan Ave #10	
CITY-ST-ZIP	Miami Beach FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: SIGNATURE REQUIRED *Carlos Rojas* 2/22/00 3055311010
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)