2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 811027 1. Entity Name BEACH DALE APARTMENTS INC					Secretary of State 03-12-2002 90994 024 ***150.00		
Principal Place of Business Mailing Address							
700 ANTIOCH AVE FT LAUDERDALE FLA 33304-3956		C.O DAVID E. BUCK, P.A. 2900 E. OAKLAND PK BLVD #103 FT. LAUDERDALE FL 33306-1804					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State Zip Country		City & State Zip Country		4.	59-6058467	No	oplied For ot Applicable
∠ip 	Country	Ζίρ	Country	5.	Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current F	legistered Agent	Name	7.	Name and Address of New Register	red Agent	
SHEA, VERON FARRY, GEORGE 700 ANTIOCH AVE #18 #1.1 FT LAUDERDALE, FL 33304				Address (P.O. Box Number is Not Acceptable)			
TI ENOULIDALL, TE OCCOT			City	FL Zip Code			e
				. 00 550.00	reinstating) DA 10. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees
11.	OFFICERS AND D		12.	 	DDITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TROUT, DALE W 700 ANTIOCH # 5 FT LAUDERDALE, FL 33304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700 A	, HEATHER NTIOCH #17 LAUDERDALE FL 33304	☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bedard, Suzanne 700 antioch avenue, apt. 1 Ft Lauderdale, Fl	NUE, APT. 1		D Change Addition D'AREZZO, RICHARD 700 Antioch ave #6			
NAME STREET ADDRESS CITY-ST-ZIP	BIRD, J. KENT 700 ANTIOCH AVE, #14 FT LAUDERDALE, FL 33304	Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, - स्केट स्थानस्य	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARRY, GEORGE 700 ANTIOCH AVENUE , APT 11 FT. LAUDERDALE FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTER, WILBER (700 ANTIOCH AVE, #9 FT. LAUDERDALE FL 33304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
indicated	sertify that the information supplied with to on this report or supplemental report is a poration or the receiver or trustee empoyor on an attachment with an address, w	true and accurate and that m	w cionaturo chall h	ave the came	legal effect as if made under oath; the ida Statutes; and that my name appear	at Lam an officer.	or director L

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR