

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90043 011 ***150.00

DOCUMENT # 811035
1. Entity Name
BEACH SHORE APARTMENTS INC.

Principal Place of Business 700 BAYSHORE DRIVE FORT LAUDERDALE FL 33304 US	Mailing Address DAVID E BUCK PA CERTIFIED PUBLIC ACC 2900 E OAKLAND PARK BLVD #103 FORT LAUDERDALE FL 33306-1804 US
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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

4. FEI Number 59-0948860	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BUCK, DAVID E CPA
2900 E OAKLAND PARK BLVD #103
FT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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, 2001 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

TITLE	SD <input type="checkbox"/> Delete
NAME	OLIVEIRA, DIANE
STREET ADDRESS	625 ANTIOCH AVE #401
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	P <input type="checkbox"/> Delete
NAME	RABE, RALPH
STREET ADDRESS	701 BAYSHORE DR #14
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	MACFARLANE, THOMAS
STREET ADDRESS	700 BAYSHORE DR, #12
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	T <input type="checkbox"/> Delete
NAME	LONDON, ROY
STREET ADDRESS	700 BAYSHORE DR #11
CITY-ST-ZIP	FORT LAUDERDALE FL 33304
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V.P. Sheralyn Murray
STREET ADDRESS	700 Bayshore Dr. #118
CITY-ST-ZIP	Ft Lauderdale FL 33304
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Jay Fiore
STREET ADDRESS	700 Bayshore Dr #20
CITY-ST-ZIP	Fort Lauderdale FL 33304
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Ralph Labe **3/14/01** **954/563-3486**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)