

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90659 014 ***150.00

DOCUMENT # K42614



1. Entity Name
BEACON TITLE SERVICES, INC.

Principal Place of Business
**6800 WEST COMMERCIAL BLVD.
STE 1
LAUDERHILL FL 33319**

Mailing Address
**6800 WEST COMMERCIAL BLVD.
STE 1
LAUDERHILL FL 33319**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0082514

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NYSHA, BEBE
6850 NW 69TH COURT
TAMARAC FL 33321**

Name **NYSHA, Bebe**
Street Address (P.O. Box Number is Not Acceptable) **6800 W. Commercial Blvd # 1**
Lauderhill
City **FL** Zip Code **33319**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Bebe Nysha*

DATE **3/7/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **DPST NYSHA, BEBE**
STREET ADDRESS **6800 W COMMERCIAL BLVD, STE 1**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE Change Addition
NAME **P/T Nysha, Bebe**
STREET ADDRESS **6800 W. Commercial Blvd # 1**
CITY-ST-ZIP **Lauderhill, FL 33319**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **V/S Desiree D Hoffman**
STREET ADDRESS **6800 W. Commercial Blvd # 1**
CITY-ST-ZIP **Lauderhill, FL 33319**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 607, 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 empowered.

SIGNATURE: *Bebe Nysha*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/07/03** Daytime Phone # **(954) 749 2403**

CR2E034 (10/02)