## 3-51

AMENDED

Daytime Phone #

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

U	AILOKW ROZINE	22 KEPO	KI (U	RK)		
DOCUMENT # KU 2014 1. Enlity Name					FILED	
BEACO	N TITLE SERVICES	INC			"03 DEC -3 PM 1: 13	
DO NOT WRITE IN THIS SPACE					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
					600025171796	
Principal Place of Business     Address     Mailing Address					12/03/0301007003 **70.00	
Suite. Apt. #, etc. Suite, Apt. #, etc. # 1			. Côm	mercial_	B 1 v d  DO NOT WRITE IN THIS SPACE	
City & State <b>Laud</b>	lerhill, FL	City & State Lauderhi	11, FI	L 33319	4. FEI Number Applied For 6 5 - 0 0 8 2 5 1 4 Not Applicable	
Zip 33319	Country	Zip - 33319	Coun		5. Certificate of Status Desired XX \$8.75 Additional Fee Required	
		L			7. Name and Address of Current Registered Agent	
DO NOT WRITE IN THIS SPACE				<sup>Name</sup> Desiree D Hoffman		
				Street Address 6 8 0 0	(P.O. Box Number is Not Acceptable) W. Commercial BLvd #1	
				Lauderhill, FL 33319		
	i t			City	derhill FL Zio Code 333319	
		the purpose of changing	ng its registere		pred agent, or both, in the State of Florida. Lam familiar with, and accept	
the obligation	ons of registered agent.	Desire	e D Ho	ffman.	Pres 11/6/03	
Jani	ignature, typed or printed Aprile of register Appent a uary 1 - May 1 Fee is \$150,00	nd litte it applicable.	(NOTE: Hep-stere	o Agent agnature require	र्जाभारत हिम्मीवालिया DATE	
	After May 1, Fee is \$550.00				9. Election Campaign Financing \$5.00 May Be Trust.Fund Contribution. Added to Fees	
Make Check I	Amended UBR is \$61.25 Payable to Florida Department of	State		-11. <del>-</del>	Trust Fund Contribution. —— LJ — Added to Fees	
10.	OFFICERS AND I	DIRECTORS				
TITLE NAME	P/VP/S/T		TITLI NAM	1		
STREET ADDRESS	Desiree D Hoffm		STRE	E ÉT ADDRESS		
CITY-ST-ZIP	6800 W. Commerc		# 1 ciry	-ST-ZIP		
TITLE	Lauderhillm, FL	33319	· TITLE			
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CITY-ST-ZIP				-ST-ZIP		
TITLE			ŦĨĨLE	-		
NAME			MAM			
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS SI-ZIP		
	rtify that the information supplied with t	his filing does not quali			ection 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated of	or this report or supplemental report is to pration or the receiver or trustee emporation or the receiver or trustee emporation and address, with all other like emporations.	rue and accurate and t	hat my signat report as requ	ure shall have the uired by Chapter 6	same legal effect as if made under oath; that I am an officer or director io7, Florida Statutes; and that my name appears in Block 10 or on an	

Desiree D Hoffman, Pres

NAME OF SIGNING OFFICER OR DIRECTOR