

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 19, 2001 8:00 am**  
**Secretary of State**

09-19-2001 90162 002 \*\*\*150.00

0028331 AV

DOCUMENT # **M75454**

1. Entity Name  
**BEVERLY HILLS REALTY & INVESTMENTS, INC.**

Principal Place of Business <b>4000 HOLLYWOOD BLVD.          SUITE 265-S          HOLLYWOOD 33 33021          US</b>	Mailing Address <b>4000 HOLLYWOOD BLVD.          SUITE 265-S          HOLLYWOOD 33 33021          US</b>
---	---



00000999



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--

4. FEI Number <b>65-0045186</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**EISINGER, DENNIS J  
 4000 HOLLYWOOD BOULEVARD  
 SUITE, 265-S  
 HOLLYWOOD FL 33021**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EISINGER, DENNIS J. 3502 OTTAWA LANE COOPER CITY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EISINGER, DEBRA W. 3502 OTTAWA LANE COOPER CITY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* Date: 9/11/01 Daytime Phone #: 654 894-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)

**2001 UNIFORM BUSINESS REPORT (UBR)**

*Attachment  
A0086949*

0105341

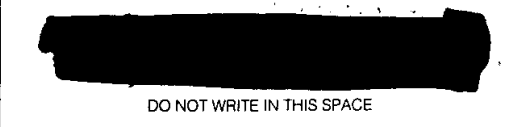
**DOCUMENT # M75454**

1. Entity Name  
**BEVERLY HILLS REALTY & INVESTMENTS, INC.**

Principal Place of Business <b>4000 HOLLYWOOD BLVD. SUITE 265-S HOLLYWOOD 33 33021 US</b>	Mailing Address <b>4000 HOLLYWOOD BLVD. SUITE 265-S HOLLYWOOD 33 33021 US</b>
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country



4. FEI Number **65-0045186** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**EISINGER, DENNIS J  
4000 HOLLYWOOD BOULEVARD  
SUITE 265-S  
HOLLYWOOD FL 33021**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>EISINGER, DENNIS J. 3502 OTTAWA LANE COOPER CITY FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>EISINGER, DEBRA W. 3502 OTTAWA LANE COOPER CITY FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* Pres. 4/27/01

002824 11/01/01

Attachment  
D#M75454  
A0086249

© 1984 - 1997 INTUIT INC. # 117 1-800-433-8810

<b>PHILLIPS, EISINGER, KOSS, ROTHSTEIN &amp; ROSENFELD, P.A.</b> OPERATING ACCOUNT 4000 HOLLYWOOD BLVD, SUITE 285 S. HOLLYWOOD, FL 33021		<b>NORTHERN TRUST BANK OF FL, N.A.</b> AVENTURA, FL 33180 63-965660	
PAY TO THE ORDER OF Department of Revenue		7138	
One Hundred Fifty and 00/100*****		4/30/01	
		\$ **150.00	
MEMO Bev. Hills Realty		DOLLARS Security Feature Protects on back	
⑈007138⑈ ⑆066009650⑆ 1?100053?4⑈		⑈	

*[Handwritten Signature]*

Attachment  
D#M78454  
A005109219

© 1984 - 1997 INTRUIT INC. # 117 1 800-433-8810

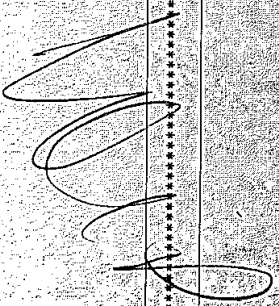
PHILLIPS, EISINGER, KOSS,  
ROTHSTEIN & ROSENFELD, P.A.  
OPERATING ACCOUNT  
4000 HOLLYWOOD BLVD., SUITE 265 S  
HOLLYWOOD, FL 33021

PAY TO THE ORDER OF Department of Revenue

One Hundred Fifty and 00/100\*\*\*\*\*

MEMO Bev. Hills Realty

⑆007138⑆ ⑆066009550⑆ ⑆71000537⑆



NORTHERN TRUST  
BANK OF FL, N.A.  
AVENTURA, FL 33160  
63-965/660

837006

7138

4/30/01

\$ \*\*150.00

DOLLARS  
Security features  
included.  
Details on back.



DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT.# 1009068796

MAY 03 2001

Attachment  
D# 1175454

*[Faint, illegible text and scanning artifacts along the right edge of the page]*