


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90064 047 ***158.75

DOCUMENT # P02000082053

1. Entity Name
BEACH ESTATES, INC.



Principal Place of Business
**2011 COCONUT DRIVE
HUTCHINSON ISLAND FL 34949**

Mailing Address
**2011 COCONUT DRIVE
HUTCHINSON ISLAND FL 34949**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**DAVID M. GAYNES, ESQ
7153 CATANIA DRIVE
BOYNTON BEACH FL 33437**

4. FEI Number
050526256

Applied For
 Not Applicable

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

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

SIGNATURE _____ (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

TITLE D President	<input type="checkbox"/> Delete
NAME STONE, IRV	
STREET ADDRESS 2011 COCONUT DRIVE	
CITY-ST-ZIP HUTCHINSON ISLAND FL 34949	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Hymen Zucker	
STREET ADDRESS 1719 Sunset Isles Rd.	
CITY-ST-ZIP Fort Pierce Fl. 34949	
TITLE Treasurer & Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Lisa Zucker	
STREET ADDRESS 1719 Sunset Isles Rd.	
CITY-ST-ZIP Fl. Pierce, Fl. 34949	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Irv Stone	
STREET ADDRESS 2011 Coconut Dr.	
CITY-ST-ZIP Hutchinson Island, Fl. 34949	
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	

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: **Irv Stone, President** Date **772 595-0555** Daytime Phone #

CRE034 (10/02)