

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90432 022 \*\*\*150.00

DOCUMENT # P92000003506?

1. Entity Name  
**BEAU RIVAGE BEACH RESORT INC.**

Principal Place of Business      Mailing Address  
**2025 N. OCEAN BLVD.**      **1000 S OCEAN BLVD STE 14-E**  
**FORT LAUDERDALE**      **POMPANO FL 33062-6619**  
**FL 33305**

2. Principal Place of Business      3. Mailing Address  
**P.O. BOX 480270**      **P.O. BOX 480270**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**FORT LAUDERDALE, FL**      **FORT LAUDERDALE, FL**      **65-0368052**      Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional  
**33348**           **33348**                 Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
 Name      **GEORGES A. CHAMMAH**  
 Street Address (P.O. Box Number is Not Acceptable)      **1000 SOUTH OCEAN BLVD, APT. 14-E**  
 City      **POMPANO BEACH**      FL      Zip Code      **33062**

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: **04/29/00**  
Signature, typed or printed name of registered agent and, where 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.       **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back)      **After MAY 1, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHAMMAH, GEORGES		NAME		
STREET ADDRESS	PO BOX 480270		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33348		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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:      DATE: **04/29/2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #