

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000044721

1. Entity Name
BEACH CLEANERS, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90260 031 ***150.00

Principal Place of Business

13178 BISCAYNE BLVD.
NORTH MIAMI FL 33181-2013
US

Mailing Address

13178 BISCAYNE BLVD.
NORTH MIAMI FL 33181-2013
US

2. Principal Place of Business

14514 W. DIXIE Highway

Suite, Apt. #, etc.
NORTH MIAMI FL

City & State

3. Mailing Address

14514 W. DIXIE Highway

Suite, Apt. #, etc.
NORTH MIAMI FL

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0419579**

Applied For
Not Applicable

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

HOODBHOY, ABDUL A
300 W HALLANDALE BEACH BLVD
HALLANDALE FL 33009

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BALIDING, SULEMAN**
STREET ADDRESS **13728 BISCAYNE BLVD**
CITY-ST-ZIP **NORTH MIAMI FL 33181-2013**

TITLE ☒ Change ☐ Addition
NAME **BALIDING, SULEMAN**
STREET ADDRESS **14514 W. DIXIE Highway**
CITY-ST-ZIP **NORTH MIAMI, FL 33181**

TITLE **D** ☐ Delete
NAME **HOODBHOY, ABDUL A**
STREET ADDRESS **300 HALLANDALE BEACH BLVD**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)