

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011831

1. Entity Name

BEACHFRONT REALTY, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90011 032 ***150.00

Principal Place of Business

Mailing Address

7455 COLLINS AVE
 SUITE 209
 MIAMI BEACH FL 33141

7455 COLLINS AVE
 SUITE 209
 MIAMI BEACH FL 33140-3326

2. Principal Place of Business

3. Mailing Address

960 Arthur Godfrey Rd

Suite, Apt. #, etc.
 402

Suite, Apt. #, etc.

City & State
 Miami Beach, FL

City & State

Zip
 33140

Country
 USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0560683**

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

ROBERTS, EDWARD P
 7455 COLLINS AVE
 SUITE 209
 MIAMI BEACH FL 33141

Name

Street Address (P.O. Box Number is Not Acceptable)

960 Arthur Godfrey Rd #402
 City Miami Beach FL Zip Code 33140

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 *Edward P. Roberts* Edward P. Roberts

4-10-00

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, EDWARD P	NAME	Roberts, Edward P.
STREET ADDRESS	7455 COLLINS AVE	STREET ADDRESS	960 Arthur Godfrey Rd # 402
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	Miami Beach, FL 33140
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
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CITY-ST-ZIP		CITY-ST-ZIP	
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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: *Edward P. Roberts*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2000 3055344242
 Date Daytime Phone #

CR2E034 (9/99)