

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90017 045 \*\*\*150.00

**DOCUMENT # P96000080564**

1. Entity Name

**BEAM ENGINEERING FOR ADVANCED MEASUREMENTS CO.**

Principal Place of Business

100 ALEXANDRIA BLVD  
 STE 5  
 OVIEDO FL 32765  
 US

Mailing Address

100 ALEXANDRIA BLVD  
 STE 5  
 OVIEDO FL 32765-8298  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3408179**

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

**ZEL'DOVICH, B.YA.**  
**3948 ORANGE LAKE DRIVE**  
**ORLANDO FL 32817-1638**

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, 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 ☐ Delete  
 NAME **VSD**  
 STREET ADDRESS **ZEL'DOVICH, B.YA.**  
 CITY-ST-ZIP **3948 ORANGE LAKE DRIVE**  
**ORLANDO FL 32817-1638**

TITLE ☐ Delete  
 NAME **PTD**  
 STREET ADDRESS **TABIRIAN, N.V.**  
 CITY-ST-ZIP **1563 CRICKET CLUB CIRCLE, #108**  
**ORLANDO FL 32828**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **SOILEAU, M.J.**  
 CITY-ST-ZIP **100 TUSKAWILLA ROAD**  
**WINTER SPRINGS FL 32708**

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **KHOO, I.C.**  
 CITY-ST-ZIP **720 CORNWALLIS DR**  
**MT LAUREL NJ 08054**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME **PTD**  
 STREET ADDRESS **TABIRIAN, N.V.**  
 CITY-ST-ZIP **250 SENECA TRL**  
**MAITLAND, FL 32751**

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

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

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

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 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 #

**N.V. TABIRIAN** / **1.24.00** **407-977-57**