

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000080564**

1. Entity Name

BEAM ENGINEERING FOR ADVANCED MEASUREMENTS CO.**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90008 007 ***150.00

0056815

Principal Place of Business 686 FORMOSA AVE. WINTER PARK FL 32789 US	Mailing Address 686 FORMOSA AVE. WINTER PARK FL 32789 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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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

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

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> Delete
NAME	ZEL'DOVICH, B.YA.	
STREET ADDRESS	3948 ORANGE LAKE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32817-1638	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	TABIRIAN, N.V.	
STREET ADDRESS	250 SENECA TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOILEAU, M.J.	
STREET ADDRESS	100 TUSKAWILLA ROAD	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KHOQ, I.C.	
STREET ADDRESS	720 CORNWALLIS DR	
CITY-ST-ZIP	MT LAUREL NJ 08054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

NELSON TABIRIAN

1/10/01

Date

407-629-1282

Daytime Phone #

CP05034 (10/90)