

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90110 036 ***150.00

DOCUMENT # 344579

1. Entity Name

2295 SOUTH OCEAN BOULEVARD CORP

Principal Place of Business

Mailing Address

**2295 S OCEAN BLVD.
PALM BEACH FL 33480****2295 S OCEAN BLVD.
PALM BEACH FL 33480**

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 **59-1278985**

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****BECKERMAN, GEORGE
2295 S. OCEAN BLVD.
APT. #407
PALM BEACH FL 33480****Miller, Jerome
2295 So Ocean Blvd
Apt. #218
Palm Beach, FL 33480**

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 NAME STREET ADDRESS CITY-ST-ZIP	P BECKERMAN, GEORGE 2295 SO OCEAN BLVD PLAM BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP George Spiegel 2295 So Ocean Blvd #815 Palm Beach, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PELTZ, SAMUEL 2295 SOUTH OCEAN BLVD #611 PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Marvin Schacher 2295 So Ocean Blvd. #705 Palm Beach FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM JACOBY, STANLEY 2295 SOUTH OCEAN BLVD#524 PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Malcolm Mason 2295 So Ocean Blvd #925 Palm Beach FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COHEN, PHILIP 2295 SO OCEAN BLVD PLAM BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Irene Graham 2295 So Ocean Blvd #216 Palm Beach FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM SILVER, SIDNEY 2295 SOUTH OCEAN BLVD #223 PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Stephen Berman 2295 So Ocean Blvd #707 Palm Beach FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PRES NAME STREET ADDRESS CITY-ST-ZIP	Miller, Jerome ADD <input type="checkbox"/> Delete 2295 So Ocean Blvd #218 Palm Beach, FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Michael Orenstein 2295 So Ocean Blvd #914 Palm Beach, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

Jerome Miller
President**2/20/01**

Date

561-582-3548

Daytime Phone #

CR2E034 (10/00)