

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90040 043 \*\*\*\*61.25

**DOCUMENT # 726441**

1. Entity Name

**BEACON MANOR CONDOMINIUM INC.** ✓

Principal Place of Business

Mailing Address

824 GALIANO  
 CORAL GABLES FL 33134  
 US

PO BOX 3123  
 CORAL GABLES FL 33134  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1672459**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WAUGH, BUTLER**  
**824 GALIANO**  
**CORAL GABLES FL 33134**

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  Delete  
 NAME: BRODERICK, MAJAM  
 STREET ADDRESS: 104 ANTIQUERA AVE, #7  
 CITY-ST-ZIP: CORAL GABLES FL

TITLE: PRESIDENT, DIRECTOR  Change  Addition  
 NAME: WAUGH, BUTLER  
 STREET ADDRESS: 824 GALIANO  
 CITY-ST-ZIP: CORAL GABLES, FL 33134

TITLE: VD  Delete  
 NAME: FERNANDEZ, MARIA  
 STREET ADDRESS: 104 ANTIQUERA #2  
 CITY-ST-ZIP: CORAL GABLES FL 33134

TITLE:  Change  Addition  
 NAME: Julio Yon Director  
 STREET ADDRESS: c/o E. Perez  
 CITY-ST-ZIP: 104 Antiquera, Apt. 1  
 Coral Gables, Fl. 33134  Change  Addition

TITLE: STD  Delete  
 NAME: BERNSTEIN, SYLVIA  
 STREET ADDRESS: 613 OCEAN DR, APT 11-C  
 CITY-ST-ZIP: KEY BISCAYNE FL 33149

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

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

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

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

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

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Beacon Manor Condominium Association*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/12/01*  
 DATE

*305-773-0615*  
 Daytime Phone #

CR2E037 (10/00)

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

126441

BEACON MANOR CONDOMINIUM INC.

Attachment

Principal Place of Business

Mailing Address

824 Galiano PO Box 3123  
Coral Gables, FL 33134 Coral Gables, FL 33114

B0013757  
28072

2. Principal Place of Business

3. Mailing Address

824 Galiano  
Suite, Apt. #, etc.

PO Box 3123  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Coral Gables, FL

Coral Gables, FL

59-1672459

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

33134

USA

33114

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Maria Broderick  
104 Antiguera Ave., Apt 7  
Coral Gables, FL 33134

Name

Butler Waugh

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

824 Galiano

City

Coral Gables

FL

Zip Code

33134

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

*B. Waugh PD*

4/4/2000

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete <input checked="" type="checkbox"/> XX	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/> XX
NAME	Maria Broderick	NAME	Butler Waugh
STREET ADDRESS	104 Antiguera Ave #7	STREET ADDRESS	824 Galiano
CITY-ST-ZIP	Coral Gables, FL 33134 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> XX	CITY-ST-ZIP	Coral Gables, FL 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD <input type="checkbox"/> Delete <input checked="" type="checkbox"/> XX	TITLE	
NAME	Maria Fernandez	NAME	
STREET ADDRESS	104 Antiguera Ave #2	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> XX	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*B. Waugh PD* Butler Waugh

4/4/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director Phone #