

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90048 039 ***150.00

DOCUMENT # L43107

1. Entity Name
BEACH HILL ENTERPRISES, INC.

Principal Place of Business C/O INTRASTATE REGISTERED AGENTS 701 BRICKELL AVE., STE. 3000 MIAMI FL 33131 US	Mailing Address C/O INTRASTATE REGISTERED AGENTS 701 BRICKELL AVE., STE 3000 MIAMI FL 33131 US
--	---



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0168238

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	FROHLICH, ALFREDO	
STREET ADDRESS	701 BRICKELL AVENUE, STE., 3000	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FROHLICH, ALFREDO	
STREET ADDRESS	701 BRICKELL AVENUE, STE., 3000	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROHLICH, ALFREDO	
STREET ADDRESS	701 BRICKELL AVE., STE. 3000	
CITY-ST-ZIP	MIAMI, FLORIDA 33131	
TITLE	DVAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FROHLICH-KONSKER, JACQUELYN	
STREET ADDRESS	701 BRICKELL AVENUE, STE. 3000	
CITY-ST-ZIP	MIAMI, FLORIDA 33131	
TITLE	DVAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FROHLICH, MICHELLE	
STREET ADDRESS	701 BRICKELL AVE., STE. 3000	
CITY-ST-ZIP	MIAMI, FLORIDA 33131	
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:

ALFREDO FROHLICH 2/14/02 305 867 7555
PRESIDENT Date Daytime Phone #

CR2E034 (9/01)