

2002 UNIFORM BUSINESS REPORT (UBR)

3/25

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-25-2002 90048 022 ****61.25

DOCUMENT # 726441

1. Entity Name
BEACON MANOR CONDOMINIUM INC.

| | |
|--|--|
| Principal Place of Business 824 GALIANO CORAL GABLES FL 33134 US | Mailing Address PO BOX 3123 CORAL GABLES FL 33134 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|---------------------------------------|--|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | 4. FEI Number 59-1672459 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent WAUGH, BUTLER 824 GALIANO CORAL GABLES FL 33134 | 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP | PD BUTLER, WALUGH 824 GALIANO MIAMI FL 33134 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LOURDES MARINO (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 822 GALIANO ST., APT. 4 CORAL GABLES FL 33134 PRESIDENT, DIRECTOR (PD) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREZ, E 104 ANTIQUERA #2 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD (D) <input type="checkbox"/> Delete BERNSTEIN, SYLVIA 613 OCEAN DR, APT 11-C KEY BISCAYNE FL 33149 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JUKIO YON (D) DIRECTOR <input type="checkbox"/> Delete 7040 SW 24 STREET # 209 MIAMI, FL 33155 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SUKIO YON DIRECTOR (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7040 S.W 24 STREET, # 209 MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 prior like empowerments.

SIGNATURE: **S. Bernstein, Treasurer** **SIGNATURE REQUIRED** **3-1-02** **305 219-2806**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

S. Bernstein, Treasurer

CR2E037 (8/01)