

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 111794

1. Entity Name

BECKWITT OPTICAL COMPANY

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90109 017 ***150.00

Principal Place of Business

Mailing Address

C/O BEATRICE ENGEL
8425 SW 80 PLACE
MIAMI FL 33143

C/O BEATRICE ENGEL
8425 SW 80 PLACE
MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0159430**

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

ENGEL, BEATRICE B
8425 SW 80 PLACE
MIAMI FL FL 33143

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	D	<input type="checkbox"/> Delete
NAME	BECKWITT, JULES	
STREET ADDRESS	775 107TH ST, OCEAN	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	ENGEL, BEATRICE B	
STREET ADDRESS	8425 SW 80 PLACE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGEL, MATT A	
STREET ADDRESS	1181 JESSAMINE LAKE CT	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAGUETTE, HORTENSE	
STREET ADDRESS	250 HAMMOND POND PKWY #201	
CITY-ST-ZIP	NEWTON MA CHESTNUT HILL, MA 02467	
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"/> 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLETCHER, KAREN E	
STREET ADDRESS	7631 EAST CYPRESSHEAD DR.	
CITY-ST-ZIP	PARKLAND, FL 33067	
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: *Beatrice B Engel* BEATRICE B. ENGEL 2/1/01 305-279-9952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)