

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90128 050 ***150.00

DOCUMENT # 111794

1. Entity Name
BECKWITT OPTICAL COMPANY

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

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

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

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

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BECKWITT, JULES**
STREET ADDRESS **775 107TH ST, OCEAN**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE **PTD** ☐ Delete
NAME **ENGEL, BEATRICE B**
STREET ADDRESS **8425 SW 80 PLACE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☐ Delete
NAME **ENGEL, MATT A**
STREET ADDRESS **1181 JESSAMINE LAKE CT**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **V** ☐ Delete
NAME **LAGUETTE, HORTENSE**
STREET ADDRESS **250 HAMMOND POND PKWY #201**
CITY-ST-ZIP **CHESTNUT HILL MA 02467**

TITLE **D** ☐ Delete
NAME **FLETCHER, KAREN E**
STREET ADDRESS **7631 EAST CYPRESS HEAD DR**
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)