## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 14, 2001 8:00 am Secretary of State **DOCUMENT # 283180** 1. Entity Name BEVERLY HILLS INC 03-14-2001 90475 022 \*\*\*150.00 Principal Place of Business Mailing Address C/O JAMES M. HARTLEY C/O JAMES M. HARTLEY 4600 SHERIDAN ST. 4600 SHÉRIDAN ST. HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1085698 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAYSON, RUSSELL M. Street Address (P.O. Box Number is Not Acceptable) 3860 SHERIDAN ST HOLLYWOOD FL 33021 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI E Change Addition TITLE ☐ Delete HARTLEY, JAMES M NAME NAME STREET ADDRESS **4600 SHERIDAN STREET** STREET ADDRESS CITY-ST-7IP HOLLYWOOD FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change SAMPSON, DOROTHY NAME NAME STREET ADDRESS STREET ADDRESS 515 N. 44TH AVENUE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Delete TITLE ☐ Change ☐ Addition HAYSON, RUSSELL-M. NAME STREET ADDRESS STREET ADDRESS 3860 SHERIDAN ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

SIGNATURE:

Janus Hartley 3-12-01

Date Daytime Phone #

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.