

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 387562

1. Entity Name

BEACH TRUE VALUE HARDWARE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90495 019 ***150.00

Principal Place of Business Mailing Address
232 E. COMMERCIAL BLVD 232 E. COMMERCIAL BLVD
LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY THE SEA FL 33308-4438

2. Principal Place of Business 3. Mailing Address
71 SE 11th Street 71 SE 11th Street
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Pompano Beach, Florida Pompano Beach, Florida
Zip Country Zip Country
33060 Broward 33060 Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1359295 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

SCHARF, THEODORE
2206 CYPRESS BEND DR SO
STE 806
POMPANO BCH FL 33069

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHARF, G. THEODORE 2206 CYPRESS BEND DR SO #806 POMPANO BCH FL <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	D SCHARF, DAVID M 71 SE 11 STREET POMPANO BEACH FL <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	D SCHARF, JANET 2206 CYPRESS BEND DR SO #806 POMPANO BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* 9/5/98/11579 Date Daytime Phone #

CR2E034 (9/99)