

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90150 029 \*\*\*150.00

**DOCUMENT # 624829**

1. Entity Name

**BEECH MOUNTAIN DEVELOPMENT CORP.**

Principal Place of Business

Mailing Address

2701 S BAYSHORE DR #PH  
COCONUT GROVE FL 33133

2701 S BAYSHORE DR #PH  
COCONUT GROVE FL 33133-5309

2. Principal Place of Business

3. Mailing Address

1870 SOUTH BAYSHORE DRIVE  
COCONUT GROVE, FL 33133-5309  
Us

1870 SOUTH BAYSHORE DRIVE  
COCONUT GROVE, FL 33133-5309  
Us



DO NOT WRITE IN THIS SPACE

FEI Number **59-1929319** Applied For  
Not Applicable

Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROTHSTEIN, LAWRENCE**  
2701 SOUTH BAYSHORE DRIVE, PENTHOUSE  
MIAMI FL 33133

**7. Name and Address of New Registered Agent**

**ROTHSTEIN, LAWRENCE I.**  
1870 SOUTH BAYSHORE DRIVE  
COCONUT GROVE, FL 33133

**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)

**LAWRENCE ROTHSTEIN**

**4/14/00**  
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**

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD</b><br><b>WIENER, MAURICE</b><br><b>2701 S. BAYSHORE DR</b><br><b>COCONUT GROVE FL</b>          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DPS</b><br><b>ROTHSTEIN, LAWRENCE</b><br><b>2701 S BAYSHORE DR</b><br><b>COCONUT GROVE FL</b>      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VAS</b><br><b>CAMAROTTI, CARLOS</b><br><b>2701 SOUTH BAYSHORE DRIVE</b><br><b>COCONUT GROVE FL</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS</b><br><b>CRANK, KEITH W.</b><br><b>2701 S BAYSHORE DR</b><br><b>COCONUT GROVE FL</b>           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |   |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD</b><br><b>WIENER, MAURICE</b><br><b>1870 SOUTH BAYSHORE DRIVE</b><br><b>COCONUT GROVE, FL 33133</b>         | <input checked="" type="checkbox"/>                               | n |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DPS</b><br><b>ROTHSTEIN, LAWRENCE I.</b><br><b>1870 SOUTH BAYSHORE DRIVE</b><br><b>COCONUT GROVE, FL 33133</b> | <input checked="" type="checkbox"/>                               | n |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VAS</b><br><b>CAMAROTTI, CARLOS</b><br><b>1870 SOUTH BAYSHORE DRIVE</b><br><b>COCONUT GROVE, FL 33133</b>      | <input checked="" type="checkbox"/>                               | n |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS</b><br><b>CRANK, KEITH W.</b><br><b>1870 SOUTH BAYSHORE DRIVE</b><br><b>COCONUT GROVE, FL 33133</b>         | <input checked="" type="checkbox"/>                               | n |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

**CARLOS CAMAROTTI**

**4/14/00**

Date

Daytime Phone #

**(305) 854-6803**