APR-25'02(THU) 10:32 FISCAL OFFICE 85

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90036 036 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 629179

1. Entity Name
BEACH-O-RAMA SALES, INC.

DO NOT WRITE IN THIS SPACE

851464

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2017 WILSON ST.	2017 WILSON ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FL	City & State: HOLLYWOOD, FL
Zip: 33020 Country: USA	Zip: 33020 Country: USA

4. FEI Number 59-1914857 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: NORMAN B. GETSON
Street Address (P.O. Box Number is Not Acceptable): 2450 HOLLYWOOD BLVD, STE #501
City: HOLLYWOOD, FL Zip Code 33020

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	RITA M. RAMBLER
STREET ADDRESS	5908 BARTRAM STREET
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	SECRETARY/TREASURER
NAME	BRYAN E. KILBEY
STREET ADDRESS	590 Circle DR.
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2F034R (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Rita M. Rambler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #