## 2001 UNIFORM BUSINESS REPORT (UBR)

nent with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

## **FILED** Jan 26, 2001 8:00 am Secretary of State **DOCUMENT # 647150** 1. Entity Name BEAMONT INTERNATIONAL LTD., COMPANY. 01-26-2001 90006 013 \*\*\*150.00 Principal Place of Business Mailing Address 2546 COUNTRY GOLF DRIVE 2546 COUNTRY GOLF DRIVE WELLINGTON FL 33414 WELLINGTON FL 33414 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 59-2040496 Not Applicable Zip Country Zip 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 SOBEL, MONROE Street Address (P.O. Box Number is Not Acceptable) 2546 COUNTRY GOLF DRIVE WELLINGTON FL 33414 City 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 FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITI E Change ☐ Addition NAME SOBEL, BEATRICE STREET ADDRESS 2546 COUNTRY GOLF DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL Delete TITL F TITLE ☐ Addition Change NAME SOBEL, MONROE NAME STREET ADDRESS STREET ADDRESS 2546 COUNTRY GOLF DR CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL TITLE Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-7IP 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 Delete TITI F TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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