

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-16-2001 90006 006 ****61.25

DOCUMENT # 725479

1. Entity Name

BEACH CLUB VILLAS CONDOMINIUM II INC

Principal Place of Business

3937 NE 167TH STREET
N MIAMI BCH FL 33160

Mailing Address

3937 NE 167TH STREET
N MIAMI BCH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1691773

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

GRAY, KENNETH
3857 NE 167 ST
NORTH MIAMI BEACH FL 33160

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

T + D ☐ Delete
HEERTS, JEFFERY
3925 N.E. 167ST
N. MIAMI BEACH FL 33160

D ☒ Delete
CASTALINE, RUSSELL
3999 NE 167 ST
NORTH MIAMI BEACH FL 33160

V + D ☐ Delete
BEN-ASSAYAG, ARIE
3845 NE 167TH ST.
NORTH MIAMI BEACH FL 33160

S + D ☐ Delete
CUMMINGS, FORREST
4001 NE 167 ST
NORTH MIAMI BEACH FL 33160

D ☒ Delete
SEIGEL, SHEILA
3819 NE 167 ST
NORTH MIAMI BEACH FL 33160

D ☐ Delete
RIVERA, JOANN
3833 NE 167 ST
NORTH MIAMI BEACH FL 33160

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

P + D ☐ Change ☒ Addition
GRAY, KENNETH
3857 NE 167 ST
NORTH MIAMI BEACH, FL 33160

☐ Change ☐ Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FORREST E. CUMMINGS

02/13/01

305-949-6799

Date

Daytime Phone #

CR2E037 (10/00)