2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
02-01-2001 90040 043 ****61.25

DOCUMENT # 726441

1. Entity Name

BEACON MANOR CONDOMINIUM INC.

Principal Place of Business	Mailing Address
824 GALIANO CORAL GABLES FL 33134 US	PO BOX 3123 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1672459 ☐ 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
WAUGH, BUTLER 824 GALIANO CORAL GABLES FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRODERICK, MAIAM 104 ANTIQIERA AVE, #7 CORAL GABLES FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, DIRECTOR WAUGH, BUTLER 824 GALIANO CORAL GABLES, FL 33134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FERNANDEZ, MARIA 104 ANTIQUERA #2 CORAL GABLES FL 33134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Julio Yon Directort c/o E. Perez 104 Antiquera, Apt. 1 Coral Gables, Fl.33134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BERNSTEIN, SYLVIA 613 OCEAN DR, APT 11-C KEY BISCAYNE FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Beacon Manor Condominium Inc. SIGNATURE REQUIRED 1/12/01 305-773-0615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726441

1. Entity Name

BEACON MANOR CONDOMINIUM INC.

Attachment

B001375?

28672

Principal Place of Business	Mailing Address
824 Galiano Coral Gables, FL 33134	PO Box 3123 Coral Gables, FL 33114

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
824 Galiano	PO Box3123
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: USA	Zip: 33114 Country: USA

4. FEI Number: 59-1672459 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Maria Broderick
104 Antiquera Ave., Apt 7
Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name: Butler Waugh
Street Address (P.O. Box Number is Not Acceptable): 824 Galiano
City: Coral Gables FL Zip Code: 33134

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: B. Waugh PD — 6/6/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Butler Waugh

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Maria Broderick 104 Antiquera Ave #7 Coral Gables, FL 33134 ☐ Delete XX	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Butler Waugh 824 Galiano CoralGables, FL 33134 ☐ Change ☐ Addition XX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Maria Fernandez 104 Antiquera Ave #2 Coral Gables, FL 33134 ☐ Delete XX	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE: B. Waugh PD Butler Waugh — 6/6/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #