

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90089 042 ***150.00

DOCUMENT # 811028

1. Entity Name

BEACH SIDE APARTMENTS INC

Principal Place of Business

Mailing Address

624 ANTIOCH AVE
 FORT LAUDERDALE FL 33304

BUCK, DAVID.E.PA.CPA
 2900 E OAKLAND PARK BLVD #103
 FT LAUDERDALE FL 33306-1804
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0998271

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCK, DAVID E.
2900 E. OAKLAD PARK BLVD.
#103
FORT LAUDERDALE FL 33306

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	JUNDT, DALE G	624 ANTIOCH AVE, #14	FT LAUDERDALE FL 33304	<input type="checkbox"/>
D	GUILLAUMIN, JULES	624 ANTIOCH AVE., #7	FT LAUDERDALE FL	<input checked="" type="checkbox"/>
P	PARENT, RAYMOND	624 ANTIOCH AVENUE, #4	FORT LAUDERDALE FL	<input checked="" type="checkbox"/>
VP	STEEH, LAWRENCE	624 ANTIOCH AVENUE, #20	FT. LAUDERDALE FL	<input checked="" type="checkbox"/>
T	MCDONOUGH, VIVIAN	624 ANTIOCH AVE, #13	FTR LAUDERDALE FL	<input type="checkbox"/>
S	CASPER, JOAN	624 ANTIOCH AVE, #9	FT LAUDERDALE FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT				<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY	LENOR BERGSTROM	624 ANTIOCH AVE #17	FORT LAUDERDALE FL 33304	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT	LEE DEMARIS	624 ANTIOCH AVE #17	FORT LAUDERDALE FL 33304	<input type="checkbox"/>	<input checked="" type="checkbox"/>
XXXXXXXXXX DIRECTOR	MIKE JEFFIES	624 ANTIOCH AVE #2	FORT LAUDERDALE FL 33304	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vivian M. McDonough*

2-24-00 (954) 327-6027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)