

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002625 AB

DOCUMENT # **A25810**

1. Entity Name  
**BEACH FIDELCO LIMITED PARTNERSHIP**

FILED

OCT 22 PM 12:17

Principal Place of Business  
**225 MILLBURN AVENUE  
SUITE 202  
MILLBURN NJ 07041**

Mailing Address  
**225 MILLBURN AVENUE  
SUITE 202  
MILLBURN NJ 07041**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 2001**  
DUE BY SEPTEMBER 26, 2001

|                                |         |                     |         |   |  |  |  |
|--------------------------------|---------|---------------------|---------|---|--|--|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>22-2863106</b>                           |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional Fee Required                         |  |
| City & State                   |         | City & State        |         |   |  |  |  |
| Zip                            | Country | Zip                 | Country |   |  |  |  |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>BERSON, NORMAN<br/>4041 GULF SHORE BLVD. NORTH<br/>SAVOY 401<br/>NAPLES FL 33940</b> |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |
|  |  |  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |   |   |
|--|---|---|
| 9. Capital Contributions as Shown on record. <b>\$350,100.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|--|---|---|

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |                                | 13. ADDRESS CHANGES ONLY |  |
|---------------------------------|--------------------------------|--------------------------|--|
| DOCUMENT #                      | NAME                           | STREET ADDRESS           |  |
| NAME                            | <b>BERSON, MARC E</b>          | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | <b>225 MILLBURN AVE., #202</b> |                          |  |
| CITY-ST-ZIP                     | <b>MILLBURN NJ 07041</b>       |                          |  |
| DOCUMENT #                      | NAME                           | STREET ADDRESS           |  |
| NAME                            |                                | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                |                          |  |
| CITY-ST-ZIP                     |                                |                          |  |
| DOCUMENT #                      | NAME                           | STREET ADDRESS           |  |
| NAME                            |                                | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                |                          |  |
| CITY-ST-ZIP                     |                                |                          |  |
| DOCUMENT #                      | NAME                           | STREET ADDRESS           |  |
| NAME                            |                                | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                |                          |  |
| CITY-ST-ZIP                     |                                |                          |  |
| DOCUMENT #                      | NAME                           | STREET ADDRESS           |  |
| NAME                            |                                | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                |                          |  |
| CITY-ST-ZIP                     |                                |                          |  |

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 10/4/01 973-467-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/01)