

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001151

1. Entity Name:

BEED INVESTMENT GROUP LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -4 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business

100 LAKESHORE DRIVE, UNIT 1057
NORTH PALM BEACH FL 33408

Mailing Address

% STEPHEN M. NEWMAN, ESQ.
2000 GLADES ROAD, SUITE 400
BOCA RATON FL 33431-8504

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0758421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIVINE, BLALOCK, MARTIN & SELLARI, P.A.
560 VILLAGE BLVD., STE 335
WEST PALM BEACH FL 33409

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,980,000.00

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

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DWOSKIN, SYLVIA
100 LAKESHORE DR
NORTH PALM BEACH FL 33408

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DWOSKIN, RICHARD
12 WYCLIFF ROAD
PALM BEACH GARDENS FL 33418

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DWOSKIN, JUDITH
151 EAST 83RD STREET
NEW YORK NY 10028

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JUDITH DWOSKIN

Date

Daytime Phone #

CF 2-2003 (9/99)