

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91339 038 ***158.75

0013454 MR

DOCUMENT # F01000003436

1. Entity Name

BEACON TENANT CORP.



Principal Place of Business

C/O FALCON REAL ESTATE INVESTMENTS CO., LT
570 LEXINGTON AVE 32ND FLOOR
NEW YORK NY 10022

Mailing Address

14911 QUORUM DR. SUITE 155
DALLAS TX 75254

2. Principal Place of Business

C/O FALCON REAL ESTATE INV. CO., LTD.
Suite, Apt. #, etc.
570 LEXINGTON AVE., 32ND FLOOR

3. Mailing Address

C/O FALCON REAL ESTATE INV. CO., LTD.
Suite, Apt. #, etc.
14911 QUORUM DRIVE, SUITE 155

City & State

NEW YORK, NEW YORK

City & State

DALLAS, TEXAS

Zip
10022

Country

USA

Zip

75254

Country

USA

4. FEI Number

52-2339619

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name **CORPORATION SERVICE COMPANY**
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
City **TALLAHASSEE** FL Zip Code **32301**

8. The above named entity submits this statement for the purpose of changing **Gynthia L. Harris** as its agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Gynthia L. Harris**
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALLENGREN, HOWARD E 570 LEXINGTON AVE 32ND FLOOR NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MILLER, JACK D 570 LEXINGTON AVE., 32ND FLOOR NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HACKETT, KEVIN R ESQ. 599 LEXINGTON AVE., SUITE 2205 NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWEENEY, SCOTT 16855 W. BERNARDO DRIVE, SUITE 320 SAN DIEGO CA 92127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS MOREIRA, ROBERT 2977 MCFARLANE ROAD, SUITE 303 COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DAVID A. HILL 14911 QUORUM DR, SUITE 155 DALLAS TX 75254-1486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 607, 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

DAVID A. HILL

4-22-03

972 934 2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)