

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**  
 05-19-2002 90219 039 \*\*\*150.00

**DOCUMENT # F37040**

**1. Entity Name**  
**BEACH ENTERPRISES INC.**

**Principal Place of Business**

1112 NE 10 AVE  
 C/O JOHN W. BEACH  
 FORT LAUDERDALE FL 33304

**Mailing Address**

1112 NE 10 AVE  
 C/O JOHN W. BEACH  
 FORT LAUDERDALE FL 33304



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

*Beach Enterprises Inc.*

Suite, Apt. #, etc.

*3040 N.E. 39th Street*

City & State  
*Fort Lauderdale FL.*

Zip  
*33308*

Country  
*USA*

**3. Mailing Address**

*Beach Enterprises Inc.*

Suite, Apt. #, etc.

*3040 N.E. 39th Street*

City & State  
*Fort Lauderdale FL.*

Zip  
*33308*

Country  
*USA*

**4. FEI Number**

**NOT APPLICABLE**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

BEACH, JOHN W.  
 1112 NE 10 AVE  
 FORT LAUDERDALE FL 33304

**7. Name and Address of New Registered Agent**

Name  
*John W. Beach*

Street Address (P.O. Box Number is Not Acceptable)

*3040 N.E. 39th Street*

City *Fort Lauderdale, FL* Zip Code *33308*

**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**

*John W. Beach*

*4/27/02*

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, 2002 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**

TITLE PD	NAME BEACH, JOHN W.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1112 NE 10 AVE		
CITY-ST-ZIP FT.LAUDERDALE FL		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE PD	NAME Beach, John W	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3040 N.E. 39th Street		
CITY-ST-ZIP Fort Lauderdale, Florida, 33308		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

**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:**

*John W. Beach* *4/27/02* *954-5668000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)