2000	UNIFORM BUS	NESS REPO	RT (UBR)		FI	LED	
DOCUMENT # G95392 1. Entity Name BEACH LETTER SERVICE, INC.					Apr 25, 2000 8:00 am Secretary of State 04-25-2000 90029 026 ***150.00		
Principal Place	e of Business	Mailing Address	<u>_</u>				
1108 15TH STREET MIAMI BEACH FL 33139 US		1108 15TH STREET Miami BCH, FL 33139-3308 US					
2. Principal Pl	ace of Business	3. Mailing Address	<u> </u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			U INNIH THU IGINI KINA INIK IKINA ITAN Do not write II		
City & State		City & State		<b>4</b> . F		Applied For	
		Zip Country				Not Applicable	
Zip						Éee Required	
6. Name and Address of Current Registered Agent Name				<u> </u>	lame and Address of New Regi		
LEAVY, PETER H. 6301 SUNSET DRIVE			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
	ie #203 Ith Miami Fl		City			FL Zip Code	
8. The above	named entity submits this statement fo	the purpose of changing its	s registered office or reg	istered ag	ent, or both, in the State of Florida		
SIGNATURE _					<u></u>	·	
	Signature, typed or printed name of registered agent a		E: Registered Agent signature re	quired when re	instating)	DATE	
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Finance Trust Fund Contribution.	sing <b>\$5.00</b> May Be	
11.	OFFICERS AND		12.	AD	DITIONS/CHANGES TO OFFICE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ILIAS, DENNIS 1108 15TH STREET MIAMI BEACH FL 33139	🗖 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			. Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	$\mathcal{M}$		TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
13. I hereby c indicated of the cor	on this report or supplymental report is poration or the receiver or trustee empor or on an attachment with an address	this filing does not qualify for true and accurate and that with all other like empowered in the time of signing officer	br the exemption stated my signature shall have as required by Chapte	the same r 607, Flori		rther certify that the information n; that I am an officer or director opears in Block 11 or Block 12 if BUS-S3 - SECC Daytime Phone #	