2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State
05-22-2000 90064 015 ***150.00

850298

DOCUMENT # H35189

1. Entity Name

BEACH EQUITY CORP.

Principal Place of Business	Mailing Address
100 SPOONBILL ROAD MANALAPAN, FL 33462	KRAMER, REGEN, BENZ & ZITOLO, CPA 317 MADISON AVE., #708 NEW YORK, NY 10017

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	SHANHOLT GLASSMAN KLEIN KRAMER Suite, Apt. #, etc. 488 MADISON AVE, 10TH FL
City & State	City & State NEW YORK, NY
Zip / Country	Zip 10022 / Country

4. FEI Number 13-3251713 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BONAN, SEON PIERRE 100 SPOONBILL ROAD MANALAPAN, FL 33462	Name: BONAN, JANET R Street Address (P.O. Box Number Is Not Acceptable): 100 SPOONBILL ROAD City: MANALAPAN FL Zip Code: 33462

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: Janet R. Bonan 4/28/2000
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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BONAN, SEON PIERRE 100 SPOONBILL ROAD MANALAPAN, FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS BONAN, JANET R 100 SPOONBILL ROAD MANALAPAN, FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BONAN, CHARLES S 26 SHIPWAY ROAD DARIEN, CT 06820	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BONAN, ELIZABETH B 2 HILLTOP ROAD NORWALK, CT 06854	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ADELSON, VIRGINIA B 160 BELDEN HILL ROAD WILTON, CT 06897	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ 4/28/2000 (212) 599-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL022901F.1