

2000 UNIFORM BUSINESS REPORT (UBR)

Pg. 1 of 2

FILED

00 APR 25 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H84071

1. Entity Name

FRAN-BEACH, INC.

Principal Place of Business

% WILLIAM F. FOODY
6744 ENTRADA PLACE
BOCA RATON FL 33433

Mailing Address

% WILLIAM F. FOODY
6744 ENTRADA PLACE
BOCA RATON FL 33433-2741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2615126

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FOODY, WILLIAM F.
6744 ENTRADA PLACE
BOCA RATON FL 33433

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. 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 PD ☐ Delete
NAME FOODY, WILLIAM F.
STREET ADDRESS 6744 ENTRADA PLACE
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 600003228796--6
-04/28/00--01112--012
****150.00 ☐ Change ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

Vicente Berro A Hy in fact 4/21/00 561-995 0064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

☒ Yes, I wish to participate in the Guaranteed Corporation Annual Report Program.

Or

☐ No, I do not wish to participate and I will assume responsibility for the timely filing and payment of this annual report.

Special Power of Attorney

I, W. Foody, President of Fran-Beach, Inc,
hereby grant to my Agent, Victor Lerro of Victor Lerro & Company PA
the right to prepare and sign in the signature area the Florida
Department of State Profit Corporation Annual Report on behalf of
Fran-Beach, Inc.. This Power of Attorney shall become effective
immediately, and shall continue until revoked by me in writing.

W. Foody
Signature
W. Foody
Printed name

Pres.
Title

11/99
Date