

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H99754

1. Entity Name

BEVERLY SACHS, INC.

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90167 030 ***150.00

00026421



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		<div style="font-size: 2em; font-weight: bold;">00026421</div> <p>DO NOT WRITE IN THIS SPACE</p>	
4101 N. ANDREWS AVE. SUITE 204 FT. LAUDERDALE FL 33309		4101 N. ANDREWS AVE. SUITE 204 FT. LAUDERDALE FL 33437-6063			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0000894	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BEVERLY SACHS 4101 N ANDREWS AVE SUITE 204 FT LAUDERDALE FL 33309				Name <i>Beverly Sachs</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>7357 Madonna Dr</i>	
				City <i>Boynton Beach</i> FL Zip Code <i>33437</i>	
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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SACHS, BEVERLY		NAME		
STREET ADDRESS	10701 N.W. 7TH CT.		STREET ADDRESS	<i>7357 Madonna Dr</i>	
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP	<i>Boynton Beach FL 33437</i>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Beverly Sachs</i> <i>2/27/00</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

C.F. 012-01933