FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 21, 2002 8:00 am Secretary of State

781-431-1030

DOCUN	010110				05-21-2002 91161	019 ***150.00
1. Entity Name	CO BEACH REALTY, INC.		\)		
Ĺ	OO NOT WRITE	IN THIS SI	PACI			· . ·
2. Principal Pla 365 Fifth	195 Worcester Str					
Suite Apt. Apt. Suite 201	F, etc.	Suite, Apt. #, etc. Suite 301			DO NOT WRITE IN THIS S	Applied For
City & State Naples, F	L .	Wellesley Hills, MA			4. FEI Number 59–2688463	Not Applicable
^{Zio} 34102	Country USA	Zip 02481	Country USA		5. Certificate of Status Desired \$8.75 Additional Fee Required	
				Mamo	7. Name and Address of Current Registered Agent	
DO NOT WRITE				Antaramian, Jack J. Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE				365 Fifth Avenue South, Suite 201		
e de			, i -	City Naples	FL	Zip 34102
8. The above	named entity submits this statement fo	r the ourpose of changing its	registered		red agent, or both, in the State of Florida.	
CICNIATUDE						
SIGNATURE _	Signature, typed or printed name of registered agent		-	Agent signature required	when reinstating) DATE	
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	January 1: M After, May Amende Make Check Paya	1, Fee is	\$550.00 \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND	O CAMPAGE - PRINTER AND AND THE PRINTERS OF TH				The second second
TITLE NAME STREET ADDRESS	PTD Antaramian, Jack J. 365 Fifth Avenue South	, Suite 201	4 .	T ADDRESS		
CITY-ST-ZIP	Naples, FL 34102		CITY-:	ST-ZIP		. Many
TITLE NAME STREET ADDRESS	Nassif, David E. 51 Scotch Pine Road		name Stree	TADDRESS		
CITY-ST-ZIP	Wellesley, MA 02481			ST-ZIP	e de la companya de l	
TITLE NAME STREET ADDRESS			, name Stree	T ADDRESS	DO NOT WRI	
CITY-ST-ZIP			CITY-	SI-ZIP	IN THIS SPACE	
NAME			NAME	T ADDRESS	IIN I FIIO OFAY	☆
STREET ADDRESS CITY-ST-ZIP				ST-ZIP	The same of the sa	
TITLE			TITLE NAME			
NAME STREET AODRESS			STREE	T ADDRESS		
CITY-ST-ZIP TITLE	<u></u>	100	TITLE	ST-ZIP	est for a first consistence over the first form of the first of the fi	
NAME	•		- NAME	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		X
indicated	t on this report or supplemental report in Information or the receiver or trustee ement with an address, with all other like e	is true and accurate and that ipowered to execute this repi mpowered.	ort as requ	nption stated in S ure shall have the uired by Chapter 6	ection 119.07(3)(i), Florida Statutes. I further cer same legal effect as if made under oath; that I 607, Florida Statutes: and that my name appear	s in Block 11 or on an
		EMari.	レ		4-25-02 781-	431-1030

David E. Nassif