


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90068 032 ***150.00

DOCUMENT # K35541

1. Entity Name
BEEKMAN TOWERS, INC.



Principal Place of Business
**% WEINTRAUB & WEINTRAUB
1701 W. HILLSBORO BLVD. SUITE 301
DEERFIELD BEACH FL 33442**

Mailing Address
**% WEINTRAUB & WEINTRAUB
1701 W. HILLSBORO BLVD. SUITE 301
DEERFIELD BEACH FL 33442**



2. Principal Place of Business
**WEINTRAUB & WEINTRAUB, P.A.
2650 NORTH MILITARY TRAIL
SUITE 150**

3. Mailing Address
**WEINTRAUB & WEINTRAUB, P.A.
2650 NORTH MILITARY TRAIL
SUITE 150**

CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON, FL 33431

City
BOCA RATON, FL 33431

4. FEI Number
59-0073230

Applied For
 Not Applicable

Zip
33442

Country

Zip
33431

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

**WEINTRAUB, PETER B.
1701 WEST HILLSBORO BLVD
SUITE 301
DEERFIELD BEACH FL 33442**

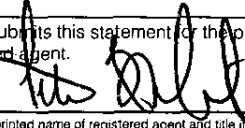
Name
Peter B. Weintraub

Street Address (P.O. Box Number is Not Acceptable)
**WEINTRAUB & WEINTRAUB, P.A.
2650 NORTH MILITARY TRAIL**

City
**SUITE 150 FL
BOCA RATON, FL 33431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1/21/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


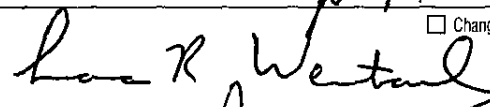
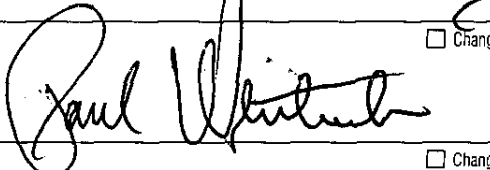
FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARGEL, SIMON 1070 RUE DE BLEURY MONTREAL, QUEBEC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WEINTRAUB, LANA R. 1210 101 STREET BAY HARBOR ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WEINTRAUB, PAUL 1210 101 STREET BAY HARBOR ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **Jan 15/03** DAYTIME PHONE # **305 861-4801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)