


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
BOCA RATON, FL 33431

3. Mailing Address
WEINTRAUB & WEINTRAUB, P.A.
2650 NORTH MILITARY TRAIL
SUITE 150
BOCA RATON, FL 33431

City, State, Zip
BOCA RATON, FL 33431

City, State, Zip
BOCA RATON, FL 33431

Zip Country Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0073230** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
WEINTRAUB, PETER B.
1701 WEST HILLSBORO BLVD
SUITE 301
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent
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** Zip Code
BOCA RATON, FL 33431

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**


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

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:  SIGNATURE REQUIRED

Secretary Treasurer **Jan 15/03** **305 861-4801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)