

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90049 014 ***158.75

DOCUMENT # K666736

1. Entity Name

BEACH HIGHER POWER CORP. ✓

Principal Place of Business

C/O PRINCE MICHAEL HOTEL
 2618 COLLINS AVE.
 MIAMI BCH, FL 33140

Mailing Address

C/O PRINCE MICHAEL HOTEL
 2618 COLLINS AVE.
 MIAMI BCH, FL 33140

2. Principal Place of Business

3. Mailing Address

1170 NW 173 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FLA

4. FEI Number

65-0102530

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JUDAH BURSTYN
 2618 COLLINS AVENUE
 MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name: JUDAH BURSTYN
 Street Address (P.O. Box Number is Not Acceptable): 1170 NW 173 ST
 City: MIAMI FL Zip Code: 33136

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: *Judah Burstyn*

(NOTE: Registered Agent signature required when re-registering)

DATE: 3/1/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	EILEEN BURSTYN	
STREET ADDRESS	2618 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BCH, FL 33140	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	JUDAH BURSTYN	
STREET ADDRESS	2618 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BCH, FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRES SECT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDAH BURSTYN	
STREET ADDRESS	1170 NW 173 ST	
CITY-ST-ZIP	MIAMI FLA 33136	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Judah Burstyn*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (9/99)