

2001 UNIFORM BUSINESS REPORT (UBR)

UBR 2001-4
-15

DOCUMENT # **L00000013661**

1. Entity Name
BEACH NATURALS, L.L.C.

FILED

01 JAN 25 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
915/965 NW 72ND ST
MIAMI FL 33150-3616

Mailing Address
915/965 NW 72ND ST
MIAMI FL 33150-3616

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDRA P. GREENBLATT, P.A.
3109 STIRLING RD
SUITE 101
FT LAUDERDALE FL 33312

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** 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.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE **MGR** Delete
NAME **GREENBLATT, HAROLD**
STREET ADDRESS **22 N HIBISCUS DR**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **MANAGER** Change Addition
NAME **GREENBLATT, DAVID**
STREET ADDRESS **1710 SEAGRAPE WAY**
CITY-ST-ZIP **HOLLYWOOD, FL. 33019**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MANAGER** Change Addition
NAME **GREENBLATT, PAUL**
STREET ADDRESS **500 Three Island Blvd. L17**
CITY-ST-ZIP **HALLANDALE, FL. 33009**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **1/19/01** (954) 222-8777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)