

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90408 019 \*\*\*150.00

DOCUMENT # 101 000019169

1. Entity Name

B.E.A.C.H.E.S. INVESTMENT GROUP, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1316 N.E. 105 STREET

3. Mailing Address

P.O. BOX 530702

Suite, Apt. #, etc.

SUITE 104

Suite, Apt. #, etc.

City & State

MIAMI SHORES, FL

City & State

MIAMI SHORES, FL

Zip

33138

Country

U.S.A.

Zip

33153

Country

U.S.A.

4. FEI Number

03-0381936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

SHIRLEY MASON

Street Address (P.O. Box Number is Not Acceptable)

1316 N.E. 105 STREET

SUITE 104

City

MIAMI SHORES

FL

Zip Code

33138

**DO NOT WRITE  
IN THIS SPACE**

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

Shirley Mason PRES. SHIRLEY MASON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MAY 1, 2002

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P/M  
SHIRLEY MASON  
1316 NE 105 STREET, STE 104  
MIAMI SHORES, FL 33138

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T/D  
MICHAEL ABRAMSON  
435 SOUTH 160 STREET  
OMAHA, NE 68118

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S/D  
MARIA V. SCHENKLETT  
13580 SW 67 AVENUE  
PINE CREST, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley Mason (SHIRLEY MASON) PRES. MAY 1, 02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)