

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90048 039 ***150.00

02/28/02 1 AV

DOCUMENT # L43107

1. Entity Name
BEACH HILL ENTERPRISES, INC.

| | |
|--|---|
| Principal Place of Business C/O INTRASTATE REGISTERED AGENTS 701 BRICKELL AVE., STE. 3000 MIAMI FL 33131 US | Mailing Address C/O INTRASTATE REGISTERED AGENTS 701 BRICKELL AVE., STE 3000 MIAMI FL 33131 US |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------------------|--------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 4. FEI Number 65-0168238 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
**INTRASTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVENUE
 SUITE 3000
 MIAMI FL 33131**

7. Name and Address of New Registered Agent
 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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | PST FROHLICH, ALFREDO 701 BRICKELL AVENUE, STE., 3000 MIAMI FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FROHLICH, ALFREDO 701 BRICKELL AVENUE, STE., 3000 MIAMI FL <input checked="" 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"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSV FROHLICH, ALFREDO 701 BRICKELL AVE., STE. 3000 MIAMI, FLORIDA 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVAS FROHLICH-KONSKER, JACQUELYN 701 BRICKELL AVENUE, STE. 3000 MIAMI, FLORIDA 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVAS FROHLICH, MICHELLE 701 BRICKELL AVE., STE. 3000 MIAMI, FLORIDA 33131 <input type="checkbox"/> Change <input checked="" 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: ALFREDO FROHLICH 2/14/02 305 867 7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT

CR2E034 (9/01)