

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90103 039 ***150.00

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **65-0168238**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

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 \$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
**PSV
FROHLICH, ALFREDO
701 BRICKELL AVENUE, STE., 3000
MIAMI FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
Hagen, Steven H.
701 Brickell Ave., Ste. 3000
Miami, FL 33131** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FROHLICH, ALFREDO
701 BRICKELL AVENUE, STE., 3000
MIAMI FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVAS
FROHLICK-KONSKER, JACQUELYN
701 BRICKELL AVENUE, STE., 3000
MIAMI FL 33131** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVAS
Frohlich-Konsker, Jacquelyn
701 Brickell Ave., Ste. 3000
Miami, FL 33131** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVAS
FROHLICK, MICHELLE
701 BRICKELL AVENUE, STE., 3000
MIAMI FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03

Date

Daytime Phone #

CR2E034 (10/02)