

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012944 AF

DOCUMENT # L98000001121

1. Entity Name  
BEAM INVESTMENTS, L.C.

FILED

01 FEB 22 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2581 MAYFAIR LANE  
WESTON FL 3327

Mailing Address  
2581 MAYFAIR LANE  
WESTON FL 3327



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0860586

Applied For  
Not Applicable

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

DAVIS, ALAN J  
2581 MAYFAIR LANE  
WESTON FL 33327

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  
NAME MGRM  
STREET ADDRESS DAVIS, ALAN J  
CITY-ST-ZIP 2581 MAYFAIR LANE  
WESTON FL 3327 ☐ Delete

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

TITLE  
NAME D  
STREET ADDRESS DAVIS, BARBARA H  
CITY-ST-ZIP 2581 MAYFAIR LN  
WESTON FL 33327 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 0000003768700--1  
CITY-ST-ZIP -02/26/01--01148--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME SCHE  
STREET ADDRESS INER, EVE G  
CITY-ST-ZIP 2731 PINEHURST  
WESTON FL 33332 ☐ Delete

TITLE  
NAME SCHEINER, EVE G  
STREET ADDRESS 2731 PINEHURST  
CITY-ST-ZIP WESTON, FL 33332 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME D  
STREET ADDRESS SCHEINER, MONROE  
CITY-ST-ZIP 2731 PINEHURST  
WESTON, FL 33327 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*Alan J Davis*

2-18-01

305.266.2566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)