

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

DOCUMENT # L99000004158

1. Entity Name
BEACH B ORGANIZERS' FUNDING, L.C.

00 FEB 15 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
100 SE 2ND STREET
SUITE 2800
MIAMI FL 33131

Mailing Address
100 SE 2ND STREET
SUITE 2800
MIAMI FL 33131-2150



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

City & State
Zip Country

4. FEL Number
65-0934214
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KTG&S REGISTERED AGENT CORPORATION
100 SE 2ND STREET
SUITE 2800
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 _____ (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
TITLE NAME
MGR KOSNITZKY, MICHAEL
STREET ADDRESS 100 SE 2ND STREET SUITE 2800
CITY- ST- ZIP MIAMI FL 33131
Delete

10. ADDITIONS / CHANGES
TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition
000003140100--3
-02/18/00--01085--022
*****50.00 *****50.00
Change Addition
UP 15.00

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: *Michael Kosnitzky* 2/10/00 (305) 539-8400
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)