

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90084 032 ****50.00

DOCUMENT # L99000008251

1. Entity Name

BEACON FINANCIAL GROUP, LLC ✓

Principal Place of Business

Mailing Address

**2215 N.W. 36TH STREET
 MIAMI FL 33142**

**2215 N.W. 36TH STREET
 MIAMI FL 33142**

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

65-0970080

Applied For

Not Applicable

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

**GAMWELL, TIM
 2215 N.W. 36TH STREET
 MIAMI FL 33142**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM GAMWELL, TIM 2215 NW 36TH ST. MIAMI FL 33142	<input type="checkbox"/>		<input type="checkbox"/>
M MADAN, NORMAN 2215 NW 36TH ST. MIAMI FL 33142	<input type="checkbox"/>		<input type="checkbox"/>
M BYER, ANNE 2215 NW 36TH ST. MIAMI FL 33142	<input type="checkbox"/>		<input type="checkbox"/>
M ECHTENTHAL, KENYE 2215 NW 36TH ST. MIAMI FL 33142	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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: *Tim Gamwell* **SIGNATURE REQUIRED**

3/26/02

305-638-2010

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

Date

Daytime Phone #

CR2E083 (9/01)