FILED Jan 24, 2003 8:00 am

Secretary of State 01-24-2003 90073 006 ****61.25

2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N35401

1. Entity Name

THE BEV								
Principal Place of Business 867 W. SUNSET STRIP DR. BEVERLY HILLS FL 34465 US		iling Address BOX 640505 ERLY HILL FL 34465			1 (PR 111 8) 228 (1	1181 BINI BIBII BBIBI II	AI ŽIGIJ ŽIBIJ BIBIJ ŠIBIJ AI	lite Brael 2001
2. Principal F	Place of Business 3. 1	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			d	CHECK HERE IF	MAKING CHANGES	
City & State		City & State			4. FEI Number 59	9-2796447		pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of St	tatus Desired	S8.75 Add	ditional
	6. Name and Address of Current Regist	ered Agent			7. Name and Add	Iress of New Reg		
			Name					
NIEVINSK	Street Address (P.O. Box Number is Not Acceptable)							
	SUNSET STRIP DR		Street A	aaress (F	P.O. Box Number is i	vot Acceptable)		
BEVERLY	HILLS FL 34405							
			City			<u> </u>	FL Zip Cod	ie
.8. The above	e named entity submits this statement for the p	urpose of changing its r	egistered office or	registere	ed agent, or both, in	the State of Florio	da. I am familiar with,	and accept
the obligation	tions of registered agent.	•	•					
SIGNATURE	Signature, typed or printed name of registered agent and title if	positionalis (NOTE:	Registered Agent signate	ues as trained a	when coinciding)		DATE	
	digitation, types or printed figure or registered agent and the in	application (note:	riagistored Agent signati	ore required	when lenstating)			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		Check Payable Department of S	
10.	OFFICERS AND DIRECTO	RS	11.		DDITIONS/CHANG		AND DIRECTORS IN	10
TITLE	PD							
NAME		₩ Delete	TITLE			0 9 6 11	ER T Change	Addition
	NIEVINSKI, CAROL	Delete	NAME	PD	IKSTON	MARGU	ERITE Change	Addition Addition
STREET ADDRESS	867 W SUNSET STRIP DR	V D Delete	NAME STREET ADDRESS	PD	$r \circ m \land N F$	2∧ <i>E</i>		Addition
CITY-ST-ZIP	867 W SUNSET STRIP DR BEVERLY HILLS FL 34465		NAME STREET ADDRESS CITY-ST-ZIP	PD	$r \circ m \land N F$	2∧ <i>E</i>	FL. 34465	
CITY-ST-ZIP	867 W SUNSET STRIP DR BEVERLY HILLS FL 34465 2VD	Delete	NAME STREET ADDRESS CITY-ST-ZIP	PD	$r \circ m \land N F$	2∧ <i>E</i>		Addition
CITY-ST-ZIP TITLE NAME	867 W SUNSET STRIP DR BEVERLY HILLS FL 34465 2VD HUTCHINSON, DORIS		NAME STREET ADDRESS CITY-ST-ZIP	PD	$r \circ m \land N F$	2∧ <i>E</i>	FL. 34465	
CITY-ST-ZIP	867 W SUNSET STRIP DR BEVERLY HILLS FL 34465 2VD HUTCHINSON, DORIS 17 S WARDSWORTH AVE		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD	$r \circ m \land N F$	2∧ <i>E</i>	FL. 34465	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	887 W SUNSET STRIP DR BEVERLY HILLS FL 34465 2VD HUTCHINSON, DORIS 17 S WARDSWORTH AVE BEVERLY HILLS FL 34465	□ Delete	NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	PD	$r \circ m \land N F$	ROE ST HITTS,	FL. 34465	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	887 W SUNSET STRIP DR BEVERLY HILLS FL 34465 2VD HUTCHINSON, DORIS 17 S WARDSWORTH AVE BEVERLY HILLS FL 34465	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	6 S, MON F EVERLY	ROE ST HITTS,	FL. 34465	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	867 W SUNSET STRIP DR BEVERLY HILLS FL 34465 2VD HUTCHINSON, DORIS 17 S WARDSWORTH AVE BEVERLY HILLS FL 34465 TD	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP AMME STREET ADDRESS	PD	6 S, MON F EVERLY	ROE ST HITTS,	FL. 34465	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	887 W SUNSET STRIP DR BEVERLY HILLS FL 34465 2VD HUTCHINSON, DORIS 17 S WARDSWORTH AVE BEVERLY HILLS FL 34485 TD MAIWALD, JANE 4 N DESOTO ST BEVERLY HILLS FL 34465	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD	6 S, MON F EVERLY	ROE ST HITTS,	FL. 34465	☐ Addition
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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 617, 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:

1/22/03

352-746-0547