

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2001 08:00 AM
Secretary of State

DOCUMENT # N99000001057

1. Entity Name
 BEACON TRADEPORT INDUSTRIAL PARK ASSOCIATION, INC.

Principal Place of Business TWO ALHAMBRA PLAZA PENTHOUSE II CORAL GABLES 33143 FL	Mailing Address TWO ALHAMBRA PLAZA PENTHOUSE II CORAL GABLES 33143 FL
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2. Principal Place of Business 300 HOLLYWOOD WAY	3. Mailing Address 300 HOLLYWOOD WAY
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State HOLLYWOOD FL	City & State HOLLYWOOD FL
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Zip 33021	Country US	Zip 33021	Country US
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4. FEI Number 65-0902758	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 CORPDIRECT AGENTS
 103 N. MERIDIAN ST., LOWER LEVEL
 TALLAHASSEE FL
 32301 US

7. Name and Address of New Registered Agent
 Name
THEODORE R. STOTZER, ESQ.
 Street Address (P.O. Box Number is Not Acceptable)
 300 HOLLYWOOD WAY
 City
 HOLLYWOOD FL Zip Code
 33021

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 **THEODORE R. STOTZER** DATE **03/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SCOTT KEN 300 HOLLYWOOD WAY HOLLYWOOD FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ATZMON SID 300 HOLLYWOOD WAY HOLLYWOOD FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ZOHN FRANK 300 HOLLYWOOD WAY HOLLYWOOD FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DILL BRETT M 300 HOLLYWOOD WAY HOLLYWOOD FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BONNER VINCE 300 HOLLYWOOD WAY HOLLYWOOD FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BASSELL RICHARD 300 HOLLYWOOD WAY HOLLYWOOD FL 33021 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Richard Bassell** DVP DATE: **03/27/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)

MCCULLA, JIM, DVP
300 HOLLYWOOD WAY
HOLLYWOOD, FL 33021