

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90491 003 ***150.00

DOCUMENT # P00000021809

1. Entity Name
BEACH BANK

Principal Place of Business
555 ARTHUR GODFREY ROAD
MIAMI BEACH FL

Mailing Address
555 ARTHUR GODFREY ROAD
MIAMI BEACH FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

33140

Country

Zip

33140

Country

4. FEI Number

65-0988700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

(Signature, typed or printed name of registered agent and title if applicable.

(NOT

Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **BERKOWITZ, RICHARD A**
 STREET ADDRESS **19910 NE 19THCT**
 CITY-ST-ZIP **N MIAMI BEACH FL 33179**

TITLE **D** ☐ Change ☐ Addition
 NAME **GEORGE H SCHOLL JR**
 STREET ADDRESS **334 ATLANTIC ISLE**
 CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE **D** ☐ Delete
 NAME **FAY, MICHAEL T**
 STREET ADDRESS **4900 SW 74 TERR**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☐ Change ☐ Addition
 NAME **JAMES G SCHWADE**
 STREET ADDRESS **10 EDGWATER DR APT 15A**
 CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE **D** ☐ Delete
 NAME **GOLDSTEIN, BURTON B**
 STREET ADDRESS **9930 COLLINS AVE, APT 9**
 CITY-ST-ZIP **BAL HARBOR FL 33154**

TITLE **D** ☐ Change ☐ Addition
 NAME **STEPHEN N ZACK**
 STREET ADDRESS **11 EAST DI LIDO DR**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ Delete
 NAME **HIRT, FRED D**
 STREET ADDRESS **220 W SAN MARINO DR**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ Change ☐ Addition
 NAME **JACK LEVINE**
 STREET ADDRESS **4390 PINETREE DR**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **D** ☐ Delete
 NAME **KOSNITSKY, MICHAEL**
 STREET ADDRESS **450 W DI LIDO DR**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ Change ☐ Addition
 NAME **SARAH ZIMMERMAN**
 STREET ADDRESS **13635 DEERING BAY DR 253**
 CITY-ST-ZIP **CORAL GABLES FL 33158**

TITLE **D** ☐ Delete
 NAME **ROSENBERG, SCOTT F**
 STREET ADDRESS **1020 NE 202 TERR**
 CITY-ST-ZIP **MIAMI FL 33179**

13. I hereby certify that the information supplied with this filing does not qualify for
 indicated on this report or supplemental report is true and accurate and that I
 of the corporation or the receiver or trustee empowered to execute this report
 changed, or on an attachment with an address, with all other information empowered.

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
 y signature shall have the same legal effect as if made under oath; that I am an officer or director
 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYED F ZAFAR 5/15/01 305 695 7363

Date

Daytime Phone #

CR2E034 (10/00)