

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90004 023 \*\*\*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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0988700**

Applied For  
 Not Applicable

Zip  
**33140**

Country

Zip  
**33140**

Country

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.

(NOTE: 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, 2002 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 ☐ Delete  
**D**  
 NAME **BERKOWITZ, RICHARD A**  
 STREET ADDRESS **19910 NE 19TH CT**  
 CITY-ST-ZIP **N MIAMI BEACH FL 33179**

TITLE ☐ Change ☐ Addition  
**D**  
 NAME **ISAAC KODSI**  
 STREET ADDRESS **200 SOUTH ISLAND DR**  
 CITY-ST-ZIP **GOLDEN BEACH FL 33160**

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

TITLE ☐ Change ☐ Addition  
**D/O**  
 NAME **THOMAS W MCCARTER**  
 STREET ADDRESS **2925 SEMINOLE STREET**  
 CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE ☐ Change ☐ Addition  
**O**  
 NAME **SYED F ZAFAR**  
 STREET ADDRESS **9705 SW 95TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SYED ZAFAR**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SYED ZAFAR 1/31/2002 (305) 695 7363**  
 Date Daytime Phone #

CR2E034 (9/01)