

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000032821

1. Entity Name
CYPRESS BAY ESTATES, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90484 011 ***150.00

Principal Place of Business

2070 N.E. 63RD STREET
FORT LAUDERDALE FL 33308

Mailing Address

2070 N.E. 63RD STREET
FORT LAUDERDALE FL 33308

2. Principal Place of Business

7099 E. TROPICAL WAY

3. Mailing Address

Suite, Apt. #, etc.

City & State
Plantation, FL

City & State

Zip
33317

Country
Broward

Zip

Country

4. FEI Number

65-0995221

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEESON, JAMES B
2070 N.E. 63RD STREET
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

BEESON, JAMES

Street Address (P.O. Box Number is Not Acceptable)

7099 E. TROPICAL WAY

City

PLANTATION

FL

Zip Code

33317

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

J. Beeson

J. BEESON

MAR 2001

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BEESON, JAMES B
2070 N.E. 63RD STREET
FORT LAUDERDALE FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
J. M. BEESON, JR
7099 E. TROPICAL WAY
PLANTATION, FL 33317 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J. Beeson president

Mar 2001 954-763-4888

CR2E034 (10/00)