

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048156

1. Entity Name

BEACH STREET BURGERS, INC.

Principal Place of Business

640 EAST ATLANTIC AVENUE  
SUITE 1  
DELRAY BEACH FL 33483

Mailing Address

640 EAST ATLANTIC AVENUE  
SUITE 1  
DELRAY BEACH FL 33483

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65 1009722

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

REYER, JAMES N  
5301 NORTH FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON FL 33487

Name

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

Terry R. Eichas  
86 MacFarlane Drive #8H  
Delray Beach, FL 33483

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 *Terry R. Eichas*  
Signature, typed or printed name of registered agent and title if applicable.

TERRY REICHAS PRES

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/01

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 ☒ Delete  
NAME D  
STREET ADDRESS EICHAS, TERRY R  
CITY-ST-ZIP 640 EAST ATLANTIC AVENUE SUITE 1  
DELRAY BEACH FL 33483

TITLE ☒ Change ☐ Addition  
NAME PRES  
STREET ADDRESS Terry R. Eichas  
CITY-ST-ZIP 86 MacFarlane Drive #8H  
Delray Beach, FL 33483

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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: *Terry R. Eichas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01  
Date

561-272-4201  
Daytime Phone #

FILED  
Apr 18, 2001 8:00 am  
Secretary of State

04-18-2001 90053 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)