

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90092 017 ***150.00

DOCUMENT # P00000052110

1. Entity Name
BEACHSIDE, INC.

Principal Place of Business
3045 N FEDERAL HWY SUITE 60
FT LAUDERDALE FL 33306

Mailing Address
3045 N FEDERAL HWY SUITE 60
FT LAUDERDALE FL 33306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

60-D

Suite, Apt. #, etc.

60-D

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1016627**

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

HOFFMAN, DIANE
3045 N FEDERAL HWY SUITE 60
FT LAUDERDALE FL 33306

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **HOFFMAN, DIANE**
 STREET ADDRESS **3045 N FEDERAL HWY SUITE 60**
 CITY-ST-ZIP **FT LAUDERDALE FL 33306**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

P00000052110

CO STICKY COPY - INFORMATION ONLY
FORMS IN ADDITIONAL SET

CO STICKY COPY - INFORMATION ONLY
FORMS IN ADDITIONAL SET

September 11, 2002

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO OBX 1500
TALLAHASSEE FL 32302-1500

Ladies and Gentlemen:

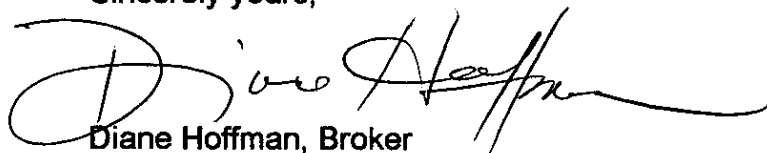
As per my conversation with someone in your office today, I am sending my check for \$150 in payment of the Uniform Business Report Form.

Last year, when I filed the report, I included the change of suite number from 60 to 60-D. But just last week, I received the 60 day notice indicating that I needed to pay \$550 for the report and that it needed to be paid by September 13. In my conversation with your office today, I asked why I didn't receive a first notice and was told that the change in address probably was not made and that I am to pay the original \$150 fee.

Enclosed, please find my report with the change highlighted and my check for \$150. I hope that this change will be made so that next year I will receive my notice in the appropriate time frame.

If you have any questions, please contact me at (954) 567-1522.

Sincerely yours,


Diane Hoffman, Broker


Beachside, Inc.

Phone: (954) 567-1522
Fax: (954) 567-1577
Toll Free: (866) BeachFL