## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P00000066377



## **FILED** Jan 13, 2003 8:00 am Secretary of State

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1. Entity Na		THE BEACH, IN	C.		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			01-13-2003 9	0361 00	5 ***150	0.00
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E. Name and Address of Current Registered Agent  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)  8. The above named equity submits this supplement for the purpose of changing its registered diffee or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forda. I a	City & Sta	ate		City & State				4. FEI Number 65-1031883 Applied F				Applied For
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RAAD, LIVAN A 4920 SW 97TH CT MIAMI FL 33165  City FL Zip Code  A. The above named opers submits this streement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida plane with, and accept the obligations of Florida plane with accept the obligation of Florida		6. Name ar	nd Address of Current	Registered	Agent			7. 1	Name and Address of New Rec			
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code						1	lame			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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SIGNATURE    Commun. Spece or printed named requiremed agent and stel if approache. (NOTE Registered Agent signiture required when residuating)   DATE	B. The above	e named entity si	ubmits this statement for	the purpose	e of changing its	registered o	ffice or registere	ed age	ent, or both, in the State of Floric	la. I am fa	 miliar with	and accent
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State  10.			back	nd title if applical	ble. (NOTE	: Registered Age	nt signature required	when rei	instating)	DATE		
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2. 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 in true and securety and the information indicated on this report or supplemental report in true and securety and the information indicated on this report or supplemental report in true and securety and the information indicated on this report or supplemental report in true and securety and the information indicated on this report or supplemental report in true and securety and the information indicated on the information indicated in indi		<u>_</u>	•				1					f

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 changed, or on an attachment with an address, with all after like empowered.

SIGNATURE:

FREQUIRED TED NAME OF SIGNING OFFICER OR DIRECTOR