

FILED
Aug 04, 2002 8:00 am
Secretary of State

05-19-2002 90246 021 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000420

1. Entity Name

BEATING THE DOW, INC.

Principal Place of Business

30071ST STREET STE 425
MIAMI BEACH FL 33141

Mailing Address

30071ST STREET STE 425
MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

O'HIGGINS, MICHAEL B

8855 COLLINS AVE APT 12J
SURFSIDE FL 33154

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 re-registering)

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	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	Michael B. O'Higgins	300 71st St. 3-425	MIAMI BEACH FL 33141	☐ Resident
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
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TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	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 of 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, without other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael B O'Higgins 4/29/02 305-961-1883

Date

Display Phone #

CR2E004 (9/01)