## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 25, 2002 8:00 am Secretary of State DØCUMENT# P01000009725 1. Entity Name 01-18-2002 90002 022 \*\*\*150.00 BEACH WORLD, INC. Principal Place of Business Mailing Address 2719 NW 29 TERRACE 2719 NW 29 TERRACE FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311" 2. Principal Place of Business 3. Mailing Address DO NOT WAITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Namber 804408 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOWLER ROSENBERG, ARTHUR R Street Address (P.O. Box Number is Not Acceptable) 4875 N FEDERAL HWY 7TH FL. LERRACE FT LAUDERDALE FL 33308 werdare 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 \_\_\_\_\_\_ F / / F \_\_\_\_\_ Signature, typod or printed name of registered agent and tide if appreciable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TRESIDENT (9/01) TITLE TITLE Change □ Delete BOWBERG, SHOOKI-NAME MASAF CR2E034 STREET ADDRESS 2719 NW 29 TERRACE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33311 CITY-ST-ZIP VICE PRESIDENT Change **Addition** TITLE ☐ Delete TITLE NAME PERETZ, YORAM NAME STREET ADDRESS STREET ADDRESS 2719 NW 29 TERRACE CITY-ST-ZIP FT LAUDERDALE FL 33311 CITY-ST-ZIP ☐ Addition TITLE TITLE NAME CHEHEBAR, YEHUDA NAME STREET ADDRESS STREET ADDRESS 2719 NW 29 TERRACE CHY-ST-7IP CITY-ST-7IP FT LAUDERDALE FL 33311 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-719 CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Signature <del>2017/1722</del> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED