

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90183 041 ***150.00

DOCUMENT # P01000022321

1. Entity Name
BEACH ENTERPRISES OF SOUTH FLORIDA, INC.,



Principal Place of Business
12658 S.W. 26 ST.
MIRAMAR FL 33027

Mailing Address
12658 S.W. 26 ST.
MIRAMAR FL 33027

2. Principal Place of Business

2509 Center Gate Dr
Suite, Apt. #, etc.
203

City & State
Pembroke Pines

Zip *33025* **Country** *USA*

3. Mailing Address

2509 Center Gate Dr #203
Suite, Apt. #, etc.
203

City & State
Pembroke Pines

Zip *33025* **Country** *USA*



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number *65-1083397*

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ARCE, CAMILO
12658 S.W. 26 ST.
MIRAMAR FL 33027

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2509 Center Gate Dr Apt 203
City *Pembroke Pines* **FL** **Zip Code** *33025*

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ARCE, CAMILO 12658 S.W. 26 ST. MIRAMAR FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCE, CAMILO 12658 S.W. 26 ST. MIRAMAR FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<i>2509 Center Gate Dr Apt #203</i> <i>Pembroke Pines FL 33025</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<i>2509 Center Gate Dr Apt 203</i> <i>Pembroke Pines FL 33025</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *Director* **Date** *(305) 790-5096* **Daytime Phone #**

CR2E034 (10/02)