

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91334 012 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000036387

1. Entity Name:
BECK & ZEE, PA

Principal Place of Business:
**1152 N UNIVERSITY DR. SUITE 203-A
PEMBROKE PINES FL 33024**

Mailing Address:
**1152 N UNIVERSITY DR. SUITE 203-A
PEMBROKE PINES FL 33024**



2. Principal Place of Business:

3. Mailing Address:

DO NOT WRITE IN THIS SPACE

State, Apt. # etc.

State, Apt. # etc.

City & State

City & State

4. FEI Number
65-1088524

Applied For
Not Applicable

Zip

City

Zip

City

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

**BECK, JOEL
1152 N UNIVERSITY DR, SUITE 203-A
PEMBROKE PINES FL 33024**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named officer/director is authorized for the purpose of changing the registered office or registered agent for both in the State of Florida

SIGNATURE

Signature of Current Registered Agent (Required if Agent is Being Changed)

Signature of New Registered Agent (Required if Agent is Being Changed)

DATE

9. This corporation is eligible to elect S corporation status for federal income tax purposes. If so, please check the appropriate box. (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
**D
BECK, JOEL
1152 N UNIVERSITY DR, SUITE 203-A
PEMBROKE PINES FL 33024**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

Delete
**D
ZEE, PING
1152 N UNIVERSITY DR, SUITE 203-A
PEMBROKE PINES FL 33024**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

Change Addition

I, the undersigned, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation 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: *X Ping Zee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 (954) 427600

DATE

Daytime Phone #