2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State
08-26-2002 90066 030 ***150.00

DOCUMENT # P01000042824

Entity Name
BEACHA, INC.

Principal Place of Business
9801 Collins Av.
Suite 16-C
Bal Harbour FL 33154

Mailing Address
16300 NE 19 AVENUE SUITE C
NORTH MIAMI BEACH FL 33162

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business — Suite, Apt. #, etc.

3. Mailing Address
16300 NE 19 Ave
Suite, Apt. #, etc. C

City & State

City & State
N. Miami Beach FL

Zip | Country

Zip
33162

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

SILVA, FERNANDO
16300 NE 19 AVENUE SUITE 100
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name FERNANDO SILVA

Street Address (P.O. Box Number is Not Acceptable)
16300 NE 19 AVE #C

City N. Miami Bch FL Zip Code 33162

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 _____ 8/12/02
Signature, typed or printed name of individual and title if applicable. (MUST be Florida Agent if agent is changed when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
1	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PD KAREN HERSKOWICH	NAME	
STREET ADDRESS	9801 Collins Ave # 16C	STREET ADDRESS	
CITY-ST-ZIP	Bal Harbour FL 33154	CITY-ST-ZIP	
2	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
3	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
4	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
5	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
6	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

3. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Herskowich 8/12/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment.

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124319

August 12, 2002

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee FL 32302-1500

Ref.: BRACHA, INC.
Document # P01000042824

Dear Sir or Madam:

We did not receive by mail the renewal form of the corporation above referenced for the year 2002.

You will find attached a photocopy of the renewal form and check for $150.00 to renewal the current year 2002. We would like to bring our company updated as soon as possible.

Thank you in advance for your help on this matter.

Sincerely,

Karen Herskowich

KAREN HERSKOWICH
President