

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-24-2002 91385 013 ***150.00

DOCUMENT # PD/000043822
1. Entity Name

B. E. A. C. H. E. S. OF DISTINCTION, INC.

DO NOT WRITE IN THIS SPACE

668487

2. Principal Place of Business
1316 N.E. 105 STREET
Suite, Apt. #, etc.
SUITE 104

3. Mailing Address
P.O. BOX 530702
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI SHORES, FL
Zip
33138
Country
UNITED STATES

City & State
MIAMI SHORES, FL
Zip
33153
Country

4. FEI Number
65-1100035
Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
SHIRLEY MASON
Street Address (P.O. Box Number is Not Acceptable)
1316 NE 105 STREET
SUITE 104
City
MIAMI SHORES FL Zip Code
33138

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 Shirley Mason (SHIRLEY MASON) PRES. MAY 1, 02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/C/D
SHIRLEY MASON
1316 N.E. 105 STREET, SUITE 104
MIAMI

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P/D
PATRICIA DAVIDMAN
1921 N.E. 206 STREET
NO. MIAMI BEACH, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D
MICHAEL ABRAMSON
435 SOUTH 160 STREET
OMAHA, NE 68118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/D
MARIA V. SCHODENWETTER
13580 SW 67 AVENUE
PINECREST, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE Shirley Mason, Pres. (SHIRLEY MASON) MAY 1, 02 305-893-8838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)