

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90135 025 ***150.00

DOCUMENT # P01000074586

1. Entity Name

BEACON PROFESSIONAL SERVICES, INC.

Principal Place of Business

**3864 SHERIDAN STREET
HOLLYWOOD FL 33021-3634**

Mailing Address

**3864 SHERIDAN STREET
HOLLYWOOD FL 33021-3634**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

8004 NW 154 Street

Suite 301

Miami Lakes, FL

33016

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1123090

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HANNA, EDWARD A JR.

3864 SHERIDAN STREET

HOLLYWOOD FL 33021-3634

7. Name and Address of New Registered Agent

Name

Andres del Monte

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

8004 NW 154 Street

Suite 301

City

Miami Lakes

FL

Zip Code

33016

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 **Andres del Monte**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/02

DATE

9. 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**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **DEL MONTE, ANDRES**
STREET ADDRESS **3864 SHERIDAN STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021-3634**

TITLE **VD** ☐ Delete
NAME **SHORE, CALVIN**
STREET ADDRESS **3864 SHERIDAN STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021-3634**

TITLE **STD** ☐ Delete
NAME **LEWIS, WILSON**
STREET ADDRESS **3864 SHERIDAN STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021-3634**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Del Monte, Andres** ☒ Change ☐ Addition
NAME
STREET ADDRESS **8004 NW 154 Street, Suite 301**
CITY-ST-ZIP **Miami Lakes, FL 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

Andres del Monte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andres del Monte 4/25/02

Date

Daytime Phone #

(954) 214-8120

CR2E034 (9/01)