


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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90168 007 ***150.00

DOCUMENT # <u>P01000112635</u>	
1. Entity Name Beachland Companies, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1050 Delk Road		3. Mailing Address 1050 Delk Rod	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Longwood, FL		City & State Longwood, FL	
Zip 32779	Country USA	Zip 32779	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2202039		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>Itzhak M Stark</u>	
	Street Address (P.O. Box Number is Not Acceptable) 1050 Delk Road	
	City <u>Longwood</u>	FL Zip Code <u>32779</u>

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Igal A Stark 1050 Delk Road, Longwood, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Lea Lulu 1050 Delk Road, Longwood, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Itzhak M Stark 1050 Delk Road, Longwood, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)