

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90119 047 \*\*\*150.00

**DOCUMENT # P02000011917**

**1. Entity Name**  
**BEACON HOUSING CORPORATION**



**Principal Place of Business**  
20191 E. COUNTRY CLUB DRIVE  
APT. 2501  
AVENTURA FL 33180

**Mailing Address**  
20191 E. COUNTRY CLUB DRIVE  
APT. 2501  
AVENTURA FL 33180



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** 43-1949719

Applied For  
Not Applicable

Zip

Country

Zip

Country

**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**

**DICHTER, PAUL D**  
20191 E. COUNTRY CLUB DRIVE  
APT 2501  
AVENTURA FL 33180

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

**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** \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** P ☐ Delete  
**NAME** DICHTER, PAUL D  
**STREET ADDRESS** 20191 E. COUNTRY CLUB DRIVE, APT. 2501  
**CITY-ST-ZIP** AVENTURA FL 33180

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

**TITLE** CFO ☐ Delete  
**NAME** POORE, MARK H CPA  
**STREET ADDRESS** 6201 SUNSET BLVD., ST. 26  
**CITY-ST-ZIP** LOS ANGELES CA 90028

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** 2139 N. BEACHWOOD DRIVE  
**CITY-ST-ZIP** LOS ANGELES CA 90068-3403

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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

**SIGNATURE:**

**SIGNATURE REQUIRED**

03-15-03

323 993 6220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)