

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90207 004 \*\*\*150.00

DOCUMENT # **P02000072774**



1. Entity Name  
**BEACHFRONT COMMERCIAL REALTY, INC.**

Principal Place of Business  
**960 ARTHUR GODFREY ROAD SUITE 402  
MIAMI BEACH FL 33140**

Mailing Address  
**960 ARTHUR GODFREY ROAD SUITE 402  
MIAMI BEACH FL 33140**

**11014997**



2. Principal Place of Business  
**ISSO N.E. MIAMI GARDENS Dr.**

3. Mailing Address

Suite, Apt. #, etc.  
**# 500**

Suite, Apt. #, etc.  
**SAME**

CHECK HERE IF MAKING CHANGES

City & State  
**N. Miami Beach**

City & State

4. FEI Number  
**14-1839232**

Applied For  
 Not Applicable

Zip  
**33179**

Country  
**DADE**

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

**ROBERTS, EDWARD P  
960 ARTHUR GODFREY ROAD SUITE 402  
MIAMI BEACH FL 33140**

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

**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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ROBERTS, EDWARD P</b>
STREET ADDRESS	<b>960 ARTHUR GODFREY ROAD SUITE 402</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>
TITLE	<input type="checkbox"/> Delete
NAME	<del>FRANK E. GRUSKIN</del>
STREET ADDRESS	<del>1965 S. HIBISCUS DR.</del>
CITY-ST-ZIP	<del>KEYSTONE POINT FL 33159</del>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ST FREDERICK E GRUSKIN</b>
STREET ADDRESS	<b>1965 S. HIBISCUS DR.</b>
CITY-ST-ZIP	<b>KEYSTONE POINT FL 33159</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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** **FREDERICK E GRUSKIN** 305 218 0079  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **11/12/02** Daytime Phone #

CR2E034 (10/02)