2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Jun 04, 2003 8:00 am		
DOCUMENT # P02000124570 1. Entity Name BEACH WIRELESS, INC.					Secretary of State 06-04-2003 90099 049 ***150.00		
2720 EAST OF #104 FORT LAUDER	ce of Business AKLAND PARK BLVD. ROALE FL 33306	Mailing Address 2720 EAST OAKLAND PAF #104 FORT LAUDERDALE FL 33					
2. Principal Place of Business		3. Mailing Address		<u> </u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & Stat	е	City & State			4. FEI Number 6 4642	Applied Not App	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registere		
EDIEDMAN, EDIO			Name	Name			
FRIEDMAN, ERIC 2720 EAST OAKLAND PARK BLVD. #104			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
FORT LAU	JDERDALE FL 33306		City		F	Zip Code	
the obligat	ions of registered agent.	and title if applicable. (NOTE	registered office or		ed agent, or both, in the State of Florida. I a when reinstating) DATE		-
Afte	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of				Election Campaign Financing Trust Fund Contribution.	\$5.00 Ma	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 1	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, ERIC 2720 EAST OAKLAND PARK BLV FORT LAUDERDALE FL 33306	□ Delete D. #104	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change 🛄 i	Addition 3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, CHANA 2720 EAST OAKLAND PARK BLV FORT LAUDERDALE FL 33306	☐ Delete D. #104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	i		☐ Change ☐ /	Addition
TITLE Name Street address City-St-Zip	D RODRIGUEZ, PETER 2720 EAST OAKLAND PARK BLV FORT LAUDERDALE FL 33306	□ Delete D. #104	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ i	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ELSA 2720 EAST OAKLAND PARK BLV FORT LAUDERDALE FL 33306	□ Delete D. #104	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ /	Addition
TITLE———————————————————————————————————		□ Dèlete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>		Change /	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	_		☐ Change ☐ /	Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954.615.0572