

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90061 009 \*\*\*150.00

DOCUMENT # P04000104128

1. Entity Name  
THE BEACH CLUB 1809, INC.



Principal Place of Business  
12 WARWICK RD  
2  
BROOKLINE, MA 02445

Mailing Address  
12 WARWICK RD  
2  
BROOKLINE, MA 02445

50013592



2. Principal Place of Business  
3201 NE 183RD STREET  
Suite, Apt. #, etc.  
1204

3. Mailing Address  
3201 NE 183RD STREET  
Suite, Apt. #, etc.  
1204

02022005 Chg-P CR2E034 (10/03)

City & State  
AVENTURA FL  
Zip  
33160  
Country  
MIAMI-DADE

City & State  
AVENTURA FL  
Zip  
33160  
Country  
MIAMI-DADE

4. FEI Number  
20-1357793  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GLUZMAN, MICHAEL  
3370 NE 190 STREET UNIT  
912  
AVENTURA, FL 33180

## 7. Name and Address of New Registered Agent

Name  
GLUZMAN, MICHAEL  
Street Address (P.O. Box Number is Not Acceptable)  
3201 NE 183RD STREET # 1204  
City  
AVENTURA FL Zip Code  
33180

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]* MICHAEL GLUZMAN 2/2/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GLUZMAN, MICHAEL	
STREET ADDRESS	3370 NE 190 STREET UNIT 912	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GLUZMAN, EDWARD	
STREET ADDRESS	12 WARWICK RD #2	
CITY-ST-ZIP	BROOKLINE, MA 02445	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	GLUZMAN, EDWARD	
STREET ADDRESS	12 WARWICK RD #2	
CITY-ST-ZIP	BROOKLINE, MA 02445	
TITLE	CLER	<input type="checkbox"/> Delete
NAME	GLUZMAN, EDWARD	
STREET ADDRESS	12 WARWICK RD #2	
CITY-ST-ZIP	BROOKLINE, MA 02445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	GLUZMAN, MICHAEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLUZMAN, MICHAEL	
STREET ADDRESS	3201 NE 183RD STREET # 1204	
CITY-ST-ZIP	AVENTURA, FL 33180	
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]* MICHAEL GLUZMAN/PRESIDENT 2/2/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #