

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39716

1. Entity Name

BEACON INVESTMENT SERVICES, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90073 021 ***150.00

Principal Place of Business

3552 E. SANDPIPER DRIVE
SUITE #3
BOYNTON BEACH FL 33436

Mailing Address

3552 E. SANDPIPER DRIVE
SUITE #3
BOYNTON BEACH FL 33436-2466

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2423603

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

MADES, HOWARD
3552 E. SANDPIPER DRIVE
STE 3
BOYNTON BEACH FL 33436

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME
CPT
MADES, HOWARD
STREET ADDRESS
3552 E SANDPIPER DR #3
CITY-ST-ZIP
BOYNTON BEACH FL

TITLE ☐ Delete

NAME
S
MADES, MICHELLE
STREET ADDRESS
16000 BENT TREE FOREST CIR SUITE 624
CITY-ST-ZIP
DALLAS TX 75248

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Howard Madez HOWARD MADES

Date

2/10/00

Daytime Phone #

561-369-3949

CR2E034 (9/99)