

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000007013

1. Entity Name

BEVERLY PEARL, INC.

FILED  
Mar 08, 2001 8:00 am  
Secretary of State

03-08-2001 90063 022 \*\*\*150.00

Principal Place of Business

Mailing Address

800 CORPORATE DR. 1600 S. FEDERAL HWY  
SUITE 590 SUITE 590  
FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334  
US US  
POMPAHO BEACH POMPAHO BEACH  
FL 33062 FL 33062

00022778



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0371677

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

WALCOFF, HARRY  
100 ISLE OF VENICE  
SUITE 8  
FT. LAUDERDALE FL 33301

WALCOFF, HARRY  
1126 So. FEDERAL HWY  
SUITE 253  
FT. LAUDERDALE, FL 33316

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 HARRY WALCOFF

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

(NOTE: Registered Agent signature required when resigning)

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 11, 2001 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PS	WALCOFF, HARRY	100 ISLE OF VENICE SUITE 8	FT. LAUDERDALE FL 33301	<input type="checkbox"/>
		1126 So. FEDERAL HWY	FT. LAUDERDALE, FL 33316	<input type="checkbox"/>
		SUITE 253		<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: HARRY WALCOFF 1-7-01 954-573-3201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #