

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90078 025 ***150.00

DOCUMENT # P92000007461**1. Entity Name**
BEACHWALK DEVELOPMENT CORPORATION**Principal Place of Business**
404 WASHINGTON AVE
STE 120
MIAMI BEACH FL 33139**Mailing Address**
404 WASHINGTON AVE
STE 120
MIAMI BEACH FL 33139**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0373174**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****HART, BRIAN A**
THOMSON, MURARO, RAZOOK & HART, P.A.
ONE SE 3RD AVE- 17TH FLR
MIAMI FL 33131**Name** **HART, BRIAN A**
Street Address (P.O. Box Number is Not Acceptable)
ADORNO & ZEDER
2601 S. Bayshore Drive, 16th Floor
City **Miami** **FL** **Zip Code** **33166****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** _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.**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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	NEE, M	404 WASHINGTON AVE- #120	MIAMI BEACH FL 33139	<input type="checkbox"/>
VS	COLONNESE, CATHERINE F	404 WASHINGTON AVE- #120	MIAMI BEACH FL 33139	<input type="checkbox"/>
V	BERNSTEIN, MICHAEL A	404 WASHINGTON AVE. STE. 120	MIAMI BCH. FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<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"/>
				<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)(f), 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:**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/29/02**

Date

305 532-2519

Daytime Phone #

CR2E034 (9/01)