

2000 UNIFORM BUSINESS REPORT (UBR)

4/24

FILED

May 22, 2000 8:00 am
Secretary of State

05-24-2000 90181 020 ***150.00
04-25-2000 90118 042 ***150.00

DOCUMENT # P93000042524

1. Entity Name

BEACHSIDE APARTMENTS MOTEL, INC.

Principal Place of Business

Mailing Address

310 SCOTT ST.
HOLLYWOOD FL 33019

310 SCOTT ST.
HOLLYWOOD FL 33019-3737

2. Principal Place of Business

3. Mailing Address

15 STEVENS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WEST LONG BRANCH, N.J.

4. FEI Number

65-0419163

Applied For

Not Applicable

Zip

Country

Zip

Country

07764

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CAROL DENDER
704 NE 25 AVE
HALLANDALE FL
33009

8. The

registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/15/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	DENDER, CAROL R	310 SCOTT ST.	HOLLYWOOD FL 33019	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/00

954 921 5044

CR2E034 (9/99)