

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90018 040 ***150.00

DOCUMENT # P93000077631

1. Entity Name

BEESEA OF FT. LAUDERDALE, INC.

Principal Place of Business

**1550 S.E. 17TH ST
 FT. LAUDERDALE FL 33316
 US**

Mailing Address

**1550 SE 17TH ST
 FT. LAUDERDALE FL 33316
 US**

2. Principal Place of Business

1515 S.E. 17th ST.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 125

SUITE 125

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33316

Country

USA

Zip

33316

Country

USA

4. FEI Number

65-0470473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

COLEMAN, BRIAN

1550 S.E. 17TH ST.

FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

BRIAN COLEMAN

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

1515 S.E. 17th ST., SUITE 125

City

FT. LAUDERDALE, FL

Zip Code

33316

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 *Brian Coleman* **BRIAN COLEMAN**

3.18.01

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, 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

TITLE **PD** ☐ Delete
 NAME **COLEMAN, BRIAN**
 STREET ADDRESS **1550 S.E. 17TH ST**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **COLEMAN, BRIAN**
 STREET ADDRESS **1515 S.E. 17th ST., SUITE 125**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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: *Brian Coleman* **BRIAN COLEMAN**

3.18.01

954.522.2323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)