

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90006 050 ***150.00

DOCUMENT # P93000077631

1. Entity Name
BEESEA OF FT. LAUDERDALE, INC.



Principal Place of Business
**3151 STATE RD 84
FORT LAUDERDALE, FL 33312 US**

Mailing Address
**PO BOX 460910
FT LAUDERDALE, FL 33346 US**

54025995



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0470473

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

**COLEMAN, BRIAN
3151 STATE RD 84
FORT LAUDERDALE, FL 33312**

Name **COLEMAN, BRIAN**

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

1800 S.E. 10th AVE. SUITE 215

City **FT. LAUDERDALE** FL **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Brian Coleman

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

(NOTE: Registered Agent signature required when reinstating)

3-31-04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
COLEMAN, BRIAN
3151 STATE RD 84
FORT LAUDERDALE, FL 33312** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brian Coleman

BRIAN COLEMAN

3-31-04

Date

Daytime Phone #

**954
791-2600**