## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2000 8:00 am Secretary of State DOCUMENT # **P94000020767** 1. Entity Name BEACH HEIGHTS APARTMENTS, INC. 04-24-2000 90300 031 \*\*\*150.00 Principal Place of Business Mailing Address 1680 SW 53RD AVE 1680 SW 53RD AVE PLANTATION FL 33317 **PLANTATION FL 33317-6002** 2. Principal Place of Business 3. Mailing Address 10804 GOLDEN FALLE CT 10804 GOLDEN EAGLE CT Suite Apt #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0499899 PLANTATION PLANTATION Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 454 33324 USA 33324 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUBHASH R. PURANIK SUBHASH R PURANIK Street Address (P.O. Box Number is Not Acceptable) GOUDEN EAGLE 300 N.W. 70TH AVENUE #202 PLANTATION FL 33317 Zip Code 33324 PLANTATION 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 (NOTE: Registered Agent signature required when reinstating) eldsoliton i elite bna Inaga be FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete DURANIK, SUBHASH ET PURANIK, SUBHASH NAMÉ NAME c. 1680 SW 53RD AVE STREET ADDRESS STREET ADDRESS PLANTATION, TL 33324 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 TITLE PURANIX, VASANTI ☐ Defete TITLE PURANIK, VASANTI NAME NAME 10804 GOLDEN EAGLE STREET ADDRESS 1680 S.W. 53RD AVE STREET ADDRESS PLANTATION, FL 33324 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Change ☐ Addition TITLE TITLE" □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it 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. 2000