

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. **P95000008094** **COMPANY**
 1. Entity Name
BEAST FINANCIAL A TRADING

FILED
Apr 04, 2000 8:00 am
Secretary of State
 04-04-2000 90081 039 ***150.00

Principal Place of Business Mailing Address
MARINER'S COVE
2280 # 80 TREASURE ISLE DR.
PALM BEACH GARDENS FL. 33410

830312

2. Principal Place of Business 3. Mailing Address
SEE ABOVE **SEE ABOVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Zip Country City & State Zip Country
 City & State Zip Country City & State Zip Country

4. FEI Number **05-055 6894** Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
John FALCONE
MARINER'S COVE
2280 # 80 TREASURE ISLE DR.
PALM BEACH GARDENS FL. 33410

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 **John FALCONE PRES.** DATE **MARCH 29, 2000**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
 TITLE NAME ☐ Delete
JOHN FALCONE
 STREET ADDRESS **SEE ABOVE**
 CITY-ST-ZIP
 TITLE NAME ☐ Delete
ANY QUESTIONS
 STREET ADDRESS **CALL me @**
 CITY-ST-ZIP **561-625-1989**
 TITLE NAME ☐ Delete
THANK you.
 STREET ADDRESS **John.**
 CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Delete
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 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
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 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 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 reports 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: **John FALCONE** 3/29/00 561-625 1989
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/99)