2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073876 1. Entity Name BEACH HOUSE, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State
01-21-2000 90120 012 ***150.00

Principal Place	e of Business		Mailing Address										
1201 WEST AVE 1201 WEST AVE. #4 MIAMM BEACH FL 33139 US			PO BOX 39-8119 MIAMI BEACH FL 33239-8119 US										
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State		4. F	4. FEI Number 65-0613979		79	Applied For Not Applicable				
Zip Country			Zip	Zip Country			5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	6. Name and	Address of Current I	Registered Agent			7. N	ame and Ac	dress of New	Registered	l Agent		1	
				 -	Name -					_			
	ANT, JOSEPH				Street Address (P.O. Box Number is Not Acceptable)							١	
	WEST AVE #4				40						1		
MIAN	11 BEACH FL 3	3139											
					City				F	L Zip Code	е		
SIGNATURE _	Signature, typied or prii	nted name of registered agent a		IOTE: Registere	d Agent signature	required when rei	nstating)	n the State of F	DATE		O May Be		
(See criter	ia on back)		Make Check Pay	able to Do	epartment o				•				
11.		OFFICERS AND		12.		ADI	DITIONS/CH	IANGES TO OF	FICERS AN	D DIRECTORS		1 2	
TITLE	D DALLANT IO	eenu	☐ Delete	TITU						Change	Addition	3	
NAME STREET ADDRESS	PALLANT, JO PO BOX 398				ET ADDRESS							3	
CITY-ST-ZIP		H FL 33239-8119		CITY	-ST-ZIP							Ì	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition		
TITLE			☐ Delete	TITL	E					☐ Change	☐ Addition		
NAME STREET ADDRESS					ET ADDRESS								
CITY-ST-ZIP					-ST-ZIP					Change	☐ Addition	$\left\{ \right.$	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Address		
TITLE NAME STREET ADDRESS			☐ Delete							☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITL NAM STRI	E					☐ Change	☐ Addition		
-	certify that the info on this report or	ormation supplied with supplemental report is	this filing does not qualify true and accurate and th			d in Section five the same!	119.07(3)(i), egal effect a	Florida Statutes s if made unde	s. I further our	ertify that the in	nformation 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: