## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 30, 2002 8:00 am Secretary of State DOCUMENT # P96000075478 1. Entity Name BEYOND THE BASIC WALL, INC. 04-30-2002 90159 049 \*\*\*150.00 Principal Place of Business Mailing Address 2126 SW 60TH TERRACE SOUTH 3181 ROYAL PALM CT MIRAMAR FL 33023 FT LAUDERDALE FL 33312 US 2. Principal Place of Business 3. Mailing Address 3001 W. Marina Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3403684 Lauderdale,F1 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33312 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 130 14 15 <u>Joseph Rizzi</u> RIZZI, PATRICIA S Street Address (P.O. Box Number is Not Acceptable) 3001 W. Marina Dr. 2730 N. 62ND AVENUE HOLLYWOOD FL 33024 City Zip Code <u>Ft. Lauderdale, </u> 33312 bmits this ståtement 🛍 the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE X Delete TITLE 🛚 Change ☐ Addition President NAME RIZZI, PATRICIA S NAME STREET ADDRESS 3181 ROYAL PALM CT Joseph Rizzi STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33312 3001 W. Marina Dr. CITY-ST-ZIP Ft. Lauderdale, Fl 33312 Change TITLE ☐ Delete TITLE NAME ----NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eport 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 director of the corporation of the corporation of the receiver or director of the corporation of the corporation of the receiver or director of the corporation of the receiver or director of the corporation of the corporation of the corporation of the receiver or director of the corporation of th

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