

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079662

1. Entity Name

BEACHBORN, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90002 048 ***150.00

Principal Place of Business

5618 RIVIERA DR
CORAL GABLES FL 33146
US

Mailing Address

5618 RIVIERA DR
CORAL GABLES FL 33146-2749
US

2. Principal Place of Business

Same
Suite, Apt. #, etc.

3. Mailing Address

251 SW 62 St
Suite, Apt. #, etc.

City & State

Plantation, FL
33317

4. FEI Number

65-0781702

Applied For

Not Applicable

Zip

Country

Zip

Country

USA

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

GAUTIER, JOHN W
5618 RIVIERA DR
CORAL GABLES FL 33146

Name

Same N/A

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GAUTIER, JOHN W
STREET ADDRESS 5618 RIVIERA DR
CITY-ST-ZIP CORAL GABLES FL 33146

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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 a check, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

305-374-0033

Date

Daytime Phone #

CR2E034 (9/99)