

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jun 23, 2000 8:00 am  
Secretary of State

05-23-2000 90260 029 \*\*\*150.00

DOCUMENT # P98000021631

1. Entity Name

BEACON DIRECT MAIL COMPANY, INC.

R

Principal Place of Business

Mailing Address

10448 W ATLANTIC BLVD  
CORAL SPRINGS FL 33071

10448 W ATLANTIC BLVD  
CORAL SPRINGS FL 33071-5605

2. Principal Place of Business  
10420 W ATLANTIC BLVD

3. Mailing Address  
10420 W ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
CORAL SPRINGS

City & State  
CORAL SPRINGS

4. FEI Number 65-0818653

Applied For  
Not Applicable

Zip  
33071

Country

Zip  
33071

Country

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

SAMA, FERNANDO G  
10448 W ATLANTIC BLVD  
CORAL SPRINGS FL 33071

Name  
Street Address P.O. Box Number (if applicable)  
10420 W ATLANTIC BLVD  
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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME SAMA, FERNANDO G  
STREET ADDRESS 2613 OAKBROOK DR  
CITY-ST-ZIP FORT LAUDERDALE FL 33332 ☐ Delete

TITLE PRESIDENT  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MOSCHELLA, SAMUEL R  
STREET ADDRESS 7372 PINEWALK DR S  
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE DIRECTOR  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME GEORGE L. SELIMOS  
STREET ADDRESS 2000 NE 60TH ST.  
CITY-ST-ZIP FT. LAUDERDALE, FL 33308 ☐ Delete

TITLE DIRECTOR  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00 954-752-0015

CR2E034 (9/99)