

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90982 032 ***150.00

DOCUMENT # P98000024392

1. Entity Name
BEACH VIEW MANAGEMENT & INVESTMENT, INC.

Principal Place of Business Mailing Address

~~780 NW LEJEUNE ROAD~~ ~~780 NW LEJEUNE ROAD~~
~~SUITE NO. 618~~ ~~SUITE NO. 618~~
~~MIAMI FL 33126~~ ~~MIAMI FL 33126~~

2. Principal Place of Business 3. Mailing Address

1700 SW 57 Ave # 216 **1700 SW 57 Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Miami Fla **Suite 216**

City & State City & State
Miami Florida

Zip Country Zip Country
33155 **USA** **33155** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0828341 Not Applicable

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

LOPEZ, JOSE
780 NW LEJEUNE ROAD
SUITE NO. 618
MIAMI FL 33126

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: *[Signature]* (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. **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 PD	<input type="checkbox"/> Delete	TITLE LOPEZ, JOSE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOPEZ, JOSE		NAME	
STREET ADDRESS 780 NW LEJEUNE ROAD SUITE NO. 618		STREET ADDRESS 1700 SW 57 Ave	
CITY-ST-ZIP MIAMI FL 33126		CITY-ST-ZIP Miami Fla 33155	
TITLE V.P. Secretary	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Barbara Lopez		NAME	
STREET ADDRESS 1700 SW 57 Ave 216		STREET ADDRESS	
CITY-ST-ZIP Miami Fla 33155		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 when all other like empowered.

SIGNATURE: *[Signature]* Date: **A-2A-00** Daytime Phone #: **786 388-7800**

CR2E034 (9/99)