

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027207

1. Entity Name

BECO DEVELOPMENT, INC.

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

05-17-2000 90860 044 ***158.75

Principal Place of Business

Mailing Address

7447 NORTHWEST 82ND TERRACE
 PARKLAND FL 33067

7447 NORTHWEST 82ND TERRACE
 PARKLAND FL 33067-1004

2. Principal Place of Business

3. Mailing Address

P.O. Box 8350

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS FL

4. FEI Number

65-0825104

Applied For

Not Applicable

Zip

Country

Zip

Country

33075

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

BEATY, JAMES D SR.
 7447 NORTHWEST 82ND TERRACE
 PARKLAND FL 33067

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, typed or printed name of registered agent and fee, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 BEATY, JAMES D SR.
 7447 NORTHWEST 82ND TERRACE
 PARKLAND FL 33067 ☐ Delete

TITLE
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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

4/26/00

Date

954-255-7301

Daytime Phone #

CR2E034 (9/99)