

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90074 003 \*\*\*150.00

**DOCUMENT # P98000029091**

1. Entity Name

**BEACH CITIES REAL ESTATE, INC.**

Principal Place of Business

Mailing Address

**4935 SHERIDAN STREET  
HOLLYWOOD FL 33021****4935 SHERIDAN STREET  
HOLLYWOOD FL 33021-2829**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0823491**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BANNAN, EDWARD  
4935 SHERIDAN STREET  
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

**GEORGETTE BANNAN**

Street Address (P.O. Box Number is Not Acceptable)

**4935 SHERIDAN ST**

City

**Hollywood**

FL

Zip Code

**33021**

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

**Georgette BANNAN****Georgette Bannan**

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

(NOTE: Registered Agent signature required when re-stating)

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BANNAN, EDWARD	
STREET ADDRESS	3675 N. COUNTRY CLUB DR. #608	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BANNAN, GEORGETTE	
STREET ADDRESS	3675 N. COUNTRY CLUB DR. #608	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGETTE BANNAN	
STREET ADDRESS	3675 N. COUNTRY CLUB DR. #608	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: **GEORGETTE BANNAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**01-04-99 954 965 9112**

Daytime Phone #

CR2E034 (9/99)