

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90133 004 \*\*\*150.00

0072908 AV

**DOCUMENT # P98000056983**

**1. Entity Name**  
**BEVERLY TOWERS, INC.**



**Principal Place of Business**  
17001 COLLINS AVE  
SUNNY ISLES BEACH FL 33160

**Mailing Address**  
17001 COLLINS AVE  
SUNNY ISLES BEACH FL 33160



**2. Principal Place of Business**

321 JEFFERSON ST.

**3. Mailing Address**

321 JEFFERSON ST.

Suite, Apt. #, etc.

2ND FLOOR

Suite, Apt. #, etc.

2ND FLOOR

City & State

Hollywood, FLA.

City & State

Hollywood, FLA.

Zip

33019 U.S.A.

Zip

33019 U.S.A.

**4. FEI Number** 65-0858761

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

FELDMAN, DAVID  
407 LINCOLN ROAD #701  
MIAMI BEACH FL 33139

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** P ☐ Delete  
**NAME** GROSSKOPF, SERGIO  
**STREET ADDRESS** 3801 NE 207 ST #1501 C/O KLINGER  
**CITY-ST-ZIP** MIAMI FL 33180

**TITLE** VP ☐ Delete  
**NAME** SMOLARZ, MOISES A  
**STREET ADDRESS** 3801 NE 207 ST #1501 C/O KLINGER  
**CITY-ST-ZIP** MIAMI FL 33180

**TITLE** MD ☐ Delete  
**NAME** SAAL, JOSE NORBERTO  
**STREET ADDRESS** 17001 COUCHS AVE.  
**CITY-ST-ZIP** SUNNY ISLES BEACH FL 33160

**TITLE** VD ☐ Delete  
**NAME** GROSSKOFF, MANUEL  
**STREET ADDRESS** 17001 COLLINS AVENUE  
**CITY-ST-ZIP** SUNNY ISLES BEACH FL 33160

**TITLE** SD ☐ Delete  
**NAME** SAAL, JOSE NORBERTO  
**STREET ADDRESS** 17001 COLLINS AVENUE  
**CITY-ST-ZIP** SUNNY ISLES BEACH FL 33160

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

☒ Change ☐ Addition  
**TITLE**  
**NAME** 321 JEFFERSON ST. 2ND FLOOR  
**STREET ADDRESS** Hollywood, FLA. 33019  
**CITY-ST-ZIP**

☒ Change ☐ Addition  
**TITLE**  
**NAME** 321 JEFFERSON ST. 2ND FLOOR  
**STREET ADDRESS** Hollywood, FLA. 33019  
**CITY-ST-ZIP**

☒ Change ☐ Addition  
**TITLE**  
**NAME** 321 JEFFERSON ST. 2ND FLOOR  
**STREET ADDRESS** Hollywood, FLA. 33019  
**CITY-ST-ZIP**

☒ Change ☐ Addition  
**TITLE**  
**NAME** 321 JEFFERSON ST. 2ND FLOOR  
**STREET ADDRESS** Hollywood, FLA. 33019  
**CITY-ST-ZIP**

☒ Change ☐ Addition  
**TITLE**  
**NAME** 321 JEFFERSON ST. 2ND FLOOR  
**STREET ADDRESS** Hollywood, FLA. 33019  
**CITY-ST-ZIP**

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

**12. 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 10 or Block 11 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 #

CR2E034 (10/02)