

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070670

1. Entity Name

NANCY BEAUCAGE, P.A.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90062 027 ***150.00

Principal Place of Business

3200 NW 46TH ST
 203
 FT LAUDERDALE FL 33309
 US

Mailing Address

3200 NW 46TH ST
 203
 FT LAUDERDALE FL 33309-6805
 US

2. Principal Place of Business

1730 Wiley Street

Suite, Apt. #, etc.

Hollywood, Florida

City & State

33020 USA

3. Mailing Address

1730 Wiley Street

Suite, Apt. #, etc.

Hollywood, Florida

City & State

33020 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0856938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BEAUCAGE, NANCY
 3200 NW 46TH ST
 203
 FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Nancy Beaucage

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

1730 Wiley Street

City

Hollywood

FL

Zip Code

33020

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

Nancy Beaucage

President

4-26-2000

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BEAUCAGE, NANCY	
STREET ADDRESS	3200 NW 46TH ST 203	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beaucage, Nancy	
STREET ADDRESS	1730 Wiley Street	
CITY-ST-ZIP	Hollywood, FL 33020	
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		
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:

Nancy Beaucage

4-26-00

954 9256525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)