

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90025 028 \*\*\*150.00

**DOCUMENT # P99000011929**

**1. Entity Name**  
**BEACHFRONT ENTERPRISES, INC.**

**Principal Place of Business**  
**1820 EAST HALLANDALE BEACH BLVD.**  
**HALLANDALE FL 33009**

**Mailing Address**  
**1820 EAST HALLANDALE BEACH BLVD.**  
**HALLANDALE FL 33009**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**20801 Biscayne Boulevard**

Suite, Apt. #, etc.  
**Suite 505**

City & State  
**Aventura, FL**

Zip  
**33180**

Country  
**USA**

**3. Mailing Address**  
**20801 Biscayne Boulevard**

Suite, Apt. #, etc.  
**Suite 505**

City & State  
**Aventura, FL**

Zip  
**33180**

Country  
**USA**

**4. FEI Number** **65-0893709**

Applied For  
 Not Applicable

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

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

**PERLOW, JEFFREY M**  
**C/O JEFFREY M. PERLOW & ASSOCIATES, P.A.**  
**1820 E. HALLANDALE BEACH BLVD.**  
**HALLANDALE FL 33009**

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

Name **Jeffrey M. Perlow**  
 Street Address (P.O. Box Number is Not Acceptable)  
**20801 Biscayne Boulevard, #505**  
 City **Aventura** **FL** Zip Code **33180**

**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 DATE **3/5/02**

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, 2002 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 **PD** ☐ Delete  
 NAME **BESTOSO, EDMOND J**  
 STREET ADDRESS **1820 EAST HALLANDALE BEACH BLVD.**  
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **VPDS** ☐ Delete  
 NAME **REGAN, KELLY**  
 STREET ADDRESS **1820 EAST HALLANDALE BEACH BLVD.**  
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **TD** ☐ Delete  
 NAME **PISANO, THOMAS**  
 STREET ADDRESS **1820 EAST HALLANDALE BEACH BLVD.**  
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **20801 Biscayne Boulevard, #505**  
 CITY-ST-ZIP **Aventura, FL 33180**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **20801 Biscayne Boulevard, #505**  
 CITY-ST-ZIP **Aventura, FL 33180**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **20801 Biscayne Boulevard, #505**  
 CITY-ST-ZIP **Aventura, FL 33180**

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

TITLE ☐ Change ☐ 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 my address, with all other like empowered.**

**SIGNATURE:** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/7/2002 305935 3890**  
 Date Daytime Phone #

CR2E034 (9/01)