

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035606

1. Entity Name

BECSVEST TITLE SERVICES, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90032 013 ***150.00

Principal Place of Business

501 BRICKELL KEY DRIVE
SUITE 301
MIAMI FL 33131-2623

Mailing Address

501 BRICKELL KEY DRIVE
SUITE 301
MIAMI FL 33131-2624

2. Principal Place of Business

3250 MARY ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 307

City & State

COCONUT GROVE

City & State

COCONUT GROVE

Zip

Country

MIAMI-DADE

Zip

Country

4. FEI Number

65-0920730

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRONIG, STEVEN C ESQ.
301 COURVOISIER CENTRE
501 BRICKELL KEY DRIVE
MIAMI FL 33131-2623

7. Name and Address of New Registered Agent

Name STEVEN C. CRONIG

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

3250 MARY STREET

SUITE 307

City

COCONUT GROVE

FL

Zip Code

33133

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 title if applicable.

STEVEN CRONIG

(NOTE: Registered Agent signature required when reinstating)

1/10/2000
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 D ☐ Delete
NAME BERMAN, DANA
STREET ADDRESS 999 BRICKELL AVENUE, NINTH FLOOR
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete
NAME EVANS, LAWRENCE S
STREET ADDRESS 1570 MADRUGA AVENUE SUITE 211
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D ☐ Delete
NAME CRONIG, STEVEN C
STREET ADDRESS 301 COURVOISIER CENTRE, 501 BRICKELL KEY
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete
NAME SUKOFF, IRA
STREET ADDRESS 999 BRICKELL AVENUE, NINTH FLOOR
CITY-ST-ZIP MIAMI FL 33131

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 3250 MARY STREET, # 302
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3250 MARY STREET, # 307
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3250 MARY STREET, # 302
CITY-ST-ZIP COCONUT GROVE FL 33133

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN CRONIG, PRES.

Date

1/10/2000

Daytime Phone #

305-444-6300