

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000046847**1. Entity Name
BEACH PLACE 2000, INC.

Principal Place of Business	Mailing Address
1600 S OCEAN DR	1600 S OCEAN DR
POMPANO BEACH FL 33062	POMPANO BEACH FL 33062

2. Principal Place of Business	3. Mailing Address
1 S. OCEAN BLVD	1 S OCEAN BLVD

Suite, Apt. #, etc.	Suite, Apt. #, etc.
STE 204	STE 204

City & State	City & State
BOCA RATON FL	BOCA RATON FL

Zip	Country	Zip	Country
33432		33432	

4. FEI Number	Applied For
65-0925026	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentEISINGER DENNIS J
4000 HOLLYWOOD BLVD, SUITE 265-SHOLLYWOOD FL
33021 US**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.

SIGNATURE _____ DATE **04/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN PIERRE	
STREET ADDRESS	1600 S OCEAN DR	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

TITLE	D	<input type="checkbox"/> Delete
NAME	ROY JEAN F	
STREET ADDRESS	1600 S OCEAN DR	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN PIERRE	
STREET ADDRESS	1 S OCEAN BLVD STE 204	
CITY-ST-ZIP	BOCA RATON FL 33432	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY JEAN F	
STREET ADDRESS	1 S. OCEAN BLVD STE 204	
CITY-ST-ZIP	BOCA RATON FL 33432	

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: JF Roy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres 04/24/2001

Date

Daytime Phone #

CR2E034 (11/00)