

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000047715**

1. Entity Name

BECA PALM BEACH REAL ESTATE OF FLORIDA, INC.

FILED

00 MAR -3 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
5239Principal Place of Business
1803 AUSTRALIAN AVE. SOUTH, STE. A
WEST PALM BEACH FL 33409Mailing Address
P.O. BOX 1869
WEST PALM BEACH FL 33402-18692. Principal Place of Business
350 Royal Poinciana Way
Suite, Apt. #, etc.
Suite 1c3. Mailing Address
Langen & Langen, P.A.
Suite, Apt. #, etc.
P.O. Box 398570City & State
Palm Beach, FL
Zip
33480Country
U.S.A.City & State
Miami Beach, FL
Zip
33239-8570

Country

4. FEI Number
65-0954158Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CRIPPS, STEVEN ESQ.
1803 AUSTRALIAN AVE. SOUTH, STE. A
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name
Hilary Langen, Esq.
Street Address (P.O. Box Number is Not Acceptable)
112 S. Hibiscus Drive
City
Miami Beach FL 33139

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

(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 \$650.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
PRINZESSIN VONANHALT, BEATRIX
1803 AUSTRALIAN AVE. SOUTH, STE. A
WEST PALM BEACH FL 33409 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PRINZESSIN VONANHALT, BEATRIX
1803 AUSTRALIAN AVE. SOUTH, STE. A
WEST PALM BEACH FL 33409 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
Prinzessin von Anhalt, Beatrix
P.O. Box 398570
Miami Beach, FL 33239-8570 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Prinzessin von Anhalt, Beatrix
P.O. Box 398570
Miami Beach, FL 33239-8570 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

1/18/2000

(305) 674-0023

Date

Daytime Phone #

CR2E034 (9/99)