

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053193

1. Entity Name

DE BEAUX, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90122 017 \*\*\*150.00

Principal Place of Business

800 S.E. 2ND STREET  
SUITE L  
FORT LAUDERDALE FL 33301

Mailing Address

800 S.E. 2ND STREET  
SUITE L  
FORT LAUDERDALE FL 33301-3613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0938267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOPELOWITZ, BRIAN R ESQ.  
8751 WEST BROWARD BOULEVARD  
SUITE 408  
PLANTATION FL 33324

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BEAUMONT, SCOTT	
STREET ADDRESS	800 S.E. 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	S&D	<input type="checkbox"/> Delete
NAME	DEIMOA, DEBORA	
STREET ADDRESS	800 S.E. 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
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	PRES./DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH DEBORA BEAUMONT	
STREET ADDRESS	1811 SE 21 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VICE / DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK THOMMS	
STREET ADDRESS	2751 NE 6TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. SCOTT BEAUMONT	
STREET ADDRESS	1811 SE 21 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
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)(l), 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

R. SCOTT BEAUMONT

Date

4/11/00

Daytime Phone #

954-410-6137

CR2E034 (9/99)