

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90274 002 ***158.75

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DOCUMENT # **P99000055464**

1. Entity Name
BEACHWAY INN RESORT, INC.



Principal Place of Business
**2227 KENT PLACE
CLEARWATER FL 33464**

Mailing Address
**2227 KENT PLACE
CLEARWATER FL 33464**

11013749



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0924641**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BISHARA, MACARI
2227 KENT PLACE
CLEARWATER FL 33464**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **BASTA, NABIL**
STREET ADDRESS **35246 U.S. HIGHWAY 19 NORTH, UNIT #188**
CITY-ST-ZIP **PALM HARBOR FL 34684**

Change Addition

TITLE **D** Delete
NAME **BISHARA, MAGDA K**
STREET ADDRESS **2227 KENT PLACE**
CITY-ST-ZIP **CLEARWATER FL 33464**

TITLE **PD.** Change Addition
NAME **MAGDA K. BISHARA**
STREET ADDRESS **2227 KENT PLACE**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **D** Delete
NAME **RAGHEB, NAWAL**
STREET ADDRESS **705 NORTH VALLEY CHASE ROAD**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304**

TITLE Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP.** Change Addition
NAME **MAGED BISHARA**
STREET ADDRESS **2227 KENT PLACE**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Magda K. Bishara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03
Date Daytime Phone #

CR2E034 (10/02)