

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$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**

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

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

TITLE ☒ Change ☐ Addition
NAME **P.D. 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
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

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:

Maged Bishara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

Daytime Phone #

CR2E034 (10/02)