

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099268

1. Entity Name

BEACH COUNSELING SERVICES, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90018 036 ***150.00

Principal Place of Business

650 NE 64 ST. #G-406
MIAMI FL 33138

Mailing Address

650 NE 64 ST. #G-406
MIAMI FL 33138

2. Principal Place of Business

BEACH COUNSELING SVCS., INC.

3. Mailing Address

1900 SUNSET HARBOUR DRIVE

Suite, Apt. #, etc.

1900 SUNSET HARBOUR DR., STE 2

Suite, Apt. #, etc.

SUITE 2

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139-1400

Country

USA

Zip

33139-1400

Country

USA

4. FEI Number

65-0960123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NICHOLS, MIRIAM A
650 NE 64 ST. #G-406
MIAMI FL 33138 - 6269

7. Name and Address of New Registered Agent

Name

MIRIAM A. NICHOLS

Street Address (P.O. Box Number is Not Acceptable)

1900 SUNSET HARBOUR DRIVE

SUITE 2

City

MIAMI BEACH

FL

Zip Code

33139-1400

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE D, P, T ☐ Delete
NAME NICHOLS, MIRIAM A
STREET ADDRESS 650 NE 64 ST. #G-406
CITY-ST-ZIP MIAMI FL 33138

TITLE D, V, S ☐ Delete
NAME SHELDON, ANDREA
STREET ADDRESS 7103 SW 53 LANE
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, P, T ☒ Change ☐ Addition
NAME NICHOLS, MIRIAM A.
STREET ADDRESS 650 NE 64 ST. # G-406
CITY-ST-ZIP MIAMI, FL 33138-6269

TITLE D, V, S ☒ Change ☐ Addition
NAME SHELDON, ANDREA
STREET ADDRESS 7103 SW 53 LANE
CITY-ST-ZIP MIAMI, FL 33155

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

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

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

TITLE ☐ Change ☐ 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: Miriam A. Nichols, President BCSI 7/13/00 305-538-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #