

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S83078

1. Entity Name

BEAUFORT, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90232 047 \*\*\*150.00

Principal Place of Business

C/O TIMOTHY J. NORRIS  
 ONE S.E. THIRD AVE. 17TH FLOOR  
 MIAMI FL 33131  
 US

Mailing Address

C/O TIMOTHY J. NORRIS  
 ONE S.E. THIRD AVE. 17 FLOOR  
 MIAMI FL 33131-1700  
 US

2. Principal Place of Business

1/2 TIMOTHY J. NORRIS

Suite, Apt. #, etc.

100 S.E. SECOND ST., STE 2100

City & State

MIAMI, FL

Zip

33131

Country

U.S.

3. Mailing Address

1/2 TIMOTHY J. NORRIS

Suite, Apt. #, etc.

100 S.E. SECOND ST., STE 2100

City & State

MIAMI, FL

Zip

33131

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0285193

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

NORRIS, TIMOTHY J  
 THOMSON MURRARD RAZOOK & HART, P.A.  
 ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

TIMOTHY J. NORRIS

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

BUCHANAN INGERSOLL P.C.

100 S.E. SECOND ST., SUITE 2100

City

MIAMI

FL

Zip Code

33131

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)

3/31/2000  
 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

TITLE PD ☐ Delete  
 NAME ZUNENSHINE, DAVID  
 STREET ADDRESS 6500 TRANS CANADA HIGHWAY, SUITE 210  
 CITY-ST-ZIP ST LAURENT QU H4T 1

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28/00

Date

Daytime Phone #

514-344-1300

CR2E034 (9/99)