

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90407 035 ***150.00

DOCUMENT # V49172

1. Entity Name
BEACH PLAZA CORPORATION



Principal Place of Business

**16 WEST 36TH ST
SUITE 8-A
NEW YORK, NY 10018**

Mailing Address

**C/O EDWARD KORN
490 MAIN ST.
NORTHPORT, NY 11768**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152008

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0345020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~VERED, LABOCK~~
~~400 LESLIE DRIVE~~
~~HALLANDALE, FL 33009~~

7. Name and Address of New Registered Agent

Name

RONEN GLAZER

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

3101 SOUTH OCEAN DRIVE # 2801

City

HOLLYWOOD BEACH

FL

Zip Code

33019

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GLAZER, RON	
STREET ADDRESS	312 WEST 55TH STREET	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HALACHMY, DAVID B	
STREET ADDRESS	11 LYNN DR	
CITY-ST-ZIP	ENGLEWOOD CLIFFS, NJ 07632	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLAZER, RON	
STREET ADDRESS	3101 SOUTH OCEAN DRIVE # 2801	
CITY-ST-ZIP	HOLLYWOOD BEACH, FLA 33019	
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		
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *X [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 4/21/08 917-326-5580