

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000096069

**Entity Name:** BEACON PROPERTY CARE INC

**Current Principal Place of Business:**

6530 W ROGERS CIRCLE  
SUITE 32  
BOCA RATON, FL 33487

**Current Mailing Address:**

6530 W ROGERS CIRCLE  
SUITE 32  
BOCA RATON, FL 33487

**FEI Number:** 85-4185233

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RISI, VERONICA L  
6530 W ROGERS CIRCLE  
SUITE 32  
BOCA RATON, FL 33487 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name RISI, VERONICA  
Address 6530 W ROGERS CIRCLE SUITE 32  
City-State-Zip: BOCA RATON FL 33487

Title MP  
Name CUDMORE, TERENCE R  
Address 6530 W ROGERS CIRCLE SUITE 32  
City-State-Zip: BOCA RATON FL 33487

Title MP  
Name ZAJACZ, STEPHEN  
Address 6530 W ROGERS CIRCLE SUITE 32  
City-State-Zip: BOCA RATON FL 33487

Title MANAGING PARTNER  
Name KATZ, DAVID  
Address 6530 W ROGERS CIRCLE  
SUITE 32  
City-State-Zip: BOCA RATON FL 33487

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** VERONICA RISI

**PRESIDENT**

**01/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date