

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90041 008 ***158.75

DOCUMENT # 186178

1. Entity Name

BEISWENGER, HOCH & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1190 N.E. 163RD ST.
 P.O. BOX 1368
 N. MIAMI BEACH FL 33162-4513

1190 N.E. 163RD ST.
 P.O. BOX 1368
 N. MIAMI BEACH FL 33162-4513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0751610**

Applied For

Not Applied

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORONA, FRANCISCO A.
1190 NE 163RD ST
NORTH MIAMI BEACH FL 33160

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.

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	NORONA, FRANCISCO	
STREET ADDRESS	1190 NE 163RD ST	
CITY-ST-ZIP	N MIAMI, F 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NORONA, GABRIEL	
STREET ADDRESS	1190 NE 163RD ST	
CITY-ST-ZIP	N MIAMI, F 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALVARINO, MARIA	
STREET ADDRESS	1190 NE 163RD ST	
CITY-ST-ZIP	N MIAMI, F 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEUSER, JACQUELYN	
STREET ADDRESS	1190 NE 163RD ST	
CITY-ST-ZIP	N MIAMI, F 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	North Miami Beach, FL 33162	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	North Miami Beach, FL 33162	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	North Miami Beach, FL 33162	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	North Miami Beach, FL 33162	
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		

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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. Norona, President 01/31/00 305/955-5151

Date

Daytime Phone #