## 2003 FOR PROFIT PORPORATION UNIFORM BUSINESS REPORT (UBR)

10.

STREET ADDRESS

CITY-ST-ZIP

PAYE 1012 P02000047405 DOMENT # Tritty Name BEHAR FAMILY INC. FILED OCT 23 PH 1: 37 Principal Place of Business Mailing Address 16445 COLLINS AVENUE #724 16445 COLLINS AVENUE #724 MIAMI BEACH FL 33160 MIAMI BEACH FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State Not Applicable <del>75-3081518</del> Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent all 7. Name and Address of New Registered Agent Name WOLFE, RICHARD C ESQ. Street Address (P.O. Box Number is Not Acceptable) ONE BISCAYNE TOWER - SUITE 2400 TWO SOUTH BISCAYNE BOULEVARD MIAMI FL 33131 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Moises Behar TITLE P ☐ Delete TITLE Addition NAME 16445 Collins, Apt. 724 NAME STREET ADDRESS Miami Bch, FL STREET ADDRESS 33160 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME

**SIGNATURE** 

STREET ADDRESS

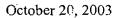
CITY-SI-ZIP

12. Thereby 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 10 or Block 11 if

Daytime Phone #

## MORRISON, BROWN, ARGIZ







Division of Corporation Annual Report/Reinstatement Section PC BOX 6327 Tallahassee, FL 32314-6327

Re:

Behar Family, Inc. EIN#: 75-3081518

Document #: PO2000047405

Dear Sirs:

Receipt is acknowledged of your application for reinstatement, a copy of which is enclosed for your reference.

Please be advised that on January 13, 2003, the company sent in its Uniform Business Report along with check # 1233 payable to the order of the Florida Department of State in the amount of \$150.00. Enclosed is a copy of the signed Uniform Business Report originally filed, along with a copy of the front and back of check #1233, which indicates that the check was paid.

Please correct your records and reinstate the company since it should have not been dissolved.

If you have any questions, please do not hesitate to contact us.

Very truly yours,

Morrison, Brown, Argiz & Company, LLP

Miguel G. Farrá, CPA, JD

Partner

Enclosures