


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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02/26/17 AV

DOCUMENT # **P02000047405**

Entity Name
BEHAR FAMILY INC.



FILED

03 OCT 23 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01/17/03 90090 027
 CHECK HERE IF MAKING CHANGES *ISOLIC*

Principal Place of Business 16445 COLLINS AVENUE #724 MIAMI BEACH FL 33160		Mailing Address 16445 COLLINS AVENUE #724 MIAMI BEACH FL 33160	
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 75-3081518	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent *a1 Da*

WOLFE, RICHARD C ESQ.
ONE BISCAYNE TOWER - SUITE 2400
TWO SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

7. Name and Address of New Registered Agent

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Moises Behar 16445 Collins, Apt. 724 Miami Bch, FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 03 TS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Moises Behar* Date: *Jan 13/2003*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (10/02)

MORRISON, BROWN, ARGIZ

Certified Public Accountants ⊕ COMPANY, LLP

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October 20, 2003

Division of Corporation
Annual Report/Reinstatement Section
PO 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