

2004 FOR PROFIT CORPORATION ANNUAL REPORT

05-19-2004 90009 032 ***150.00
P03000030892

DOCUMENT # P03000030892

1. Entity Name
BHE REALTY, INC.



Principal Place of Business
6855 RED ROAD, SUITE 600
CORAL GABLES, FL 33143

Mailing Address
6855 RED ROAD, SUITE 600
CORAL GABLES, FL 33143

FILED
04 JUN 30 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
54054669



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

90.0152617

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAXON, KYLE R ESQ.
1700 ALFRED I. DUPONT BUILDING
169 EAST FLAGLER STREET
MIAMI, FL 33131

Name

Jody Lehman, Esq.

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

6855 Red Road-Suite 500

City

Coral Gables,

FL

Zip Code
33143

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

Jody Lehman

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
HERNANDEZ-LICHTL, JAVIER
6855 RED ROAD, SUITE 600
CORAL GABLES, FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ENRIGHT, WILLIAM F
6855 RED ROAD, SUITE 600
CORAL GABLES, FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AVP
MATHERNE, CLEVELAND J
6855 RED ROAD, SUITE 600
CORAL GABLES, FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
GREENLEAF, WENDY W
6855 RED ROAD, SUITE 600
CORAL GABLES, FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Jody Lehman 4/20/04

786.662.7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #