

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90016 011 \*\*\*558.75

**DOCUMENT # P95000039235**

1. Entity Name  
**BEHR, BRZOSTEK & ASSOCIATES, INC.**

**A0067539**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2463 PINE TREE DRIVE  
 SUITE 3  
 MIAMI BEACH FL 33140**

Mailing Address  
**2463 PINE TREE DRIVE  
 SUITE 3  
 MIAMI BEACH FL 33140**

2. Principal Place of Business  
**1819 WEST AVE.**

3. Mailing Address  
**1819 WEST AVE**

Suite, Apt. #, etc.  
**BAV 5**

Suite, Apt. #, etc.  
**BAV 5**

City & State  
**MIAMI BEACH**

City & State  
**MIAMI BEACH**

4. FEI Number **65-0581164**

Applied For   
 Not Applicable

Zip **FL 33139** Country **33139**

Zip **FL 33139** Country **33139**

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

6. Name and Address of Current Registered Agent  
**BEHR, MARIO  
 2463 PINE TREE DRIVE  
 SUITE 3  
 MIAMI BEACH FL 33140**

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.

SIGNATURE *Mario Behr* **MARIO BEHR - PRESIDENT** **7/7/00**

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.

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	<b>PVP</b>	<input type="checkbox"/> Delete
NAME	<b>BEHR, MARIO</b>	
STREET ADDRESS	<b>2463 PINE TREE DRIVE, APT. 3</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
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)(l), 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: *Mario Behr* **MARIO BEHR - PRESIDENT** **7/7/00** **305.674.8406**

Signature and typed or printed name of signing officer or director Date Daytime Phone #