

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 387582

1. Entity Name

BENT TREE FARM, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90173 042 ***150.00

Principal Place of Business

Mailing Address

3901 NW 79TH AVE
SUITE 119
MIAMI FL 33166
US

3901 NW 79TH AVE
SUITE 119
MIAMI FL 33126-1928
US

2. Principal Place of Business

7270 NW 12 STREET

Suite, Apt. #, etc.

SUITE 130

City & State

MIAMI, FL

Zip

33126

Country

USA

3. Mailing Address

7270 NW 12 STREET

Suite, Apt. #, etc.

SUITE 130

City & State

MIAMI, FL

Zip

33126

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1360325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GABOR, FRANK
3901 NW 79TH AVE
SUITE 119
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

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

7270 NW 12 STREET, SUITE 130

City

MIAMI

FL

Zip Code

33126

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]

FRANK GABOR PRESIDENT

4-20-2000

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GABOR, FRANK	
STREET ADDRESS	3901 NW 79TH AVE #119	
CITY - ST - ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GABOR, SELMA	
STREET ADDRESS	3901 NW 79TH AE #119	
CITY - ST - ZIP	MIAMI FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7270 NW 12 ST, SUITE 130
CITY - ST - ZIP	MIAMI FL 33126
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7270 NW 12 ST, SUITE 130
CITY - ST - ZIP	MIAMI FL 33126
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)(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] FRANK GABOR

4-20-2000 (305) 471-0028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)