

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 486581

1. Entity Name
BEC, INC.

FILED
May 20, 2000 8:00 am
Secretary of State

05-20-2000 90005 049 ***150.00

Principal Place of Business

Mailing Address

~~3340 GRIFFIN RD~~
~~FT LAUDERDALE FL 33312~~
~~US~~

~~3340 GRIFFIN RD~~
~~FT LAUDERDALE FL 33312-5519~~
~~US~~

2. Principal Place of Business

1420 CORAL RIDGE DR

3. Mailing Address

1420 CORAL RIDGE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS FL

4. FEI Number 59-1631527

Applied For
Not Applicable

Zip Country
33071 Broward

Zip Country
33071 Broward

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

FRIEDMAN, SHEPHERD
3340 GRIFFIN RD
FT LAUDERDALE FL 33312

Name

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

1420 CORAL RIDGE DR

CORAL SPRING

FL Zip Code 33071

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 *Shepherd A. Friedman*
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
NAME FRIEDMAN, SHEPHERD
STREET ADDRESS 2601 S.W. 130 TERR
CITY-ST-ZIP DAVIE FL 33330 ☐ Delete

TITLE VTD
NAME MARY R. FRIEDMAN
STREET ADDRESS 2601 S.W. 130 TERR
CITY-ST-ZIP DAVIE FL 33330 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *Shepherd A. Friedman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
Date

954/340-7730
Daytime Phone #

CR2E034 (9/99)