

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 503763

1. Entity Name

GENERAL FINANCIAL SERVICES, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90046 007 ***150.00

Principal Place of Business

Mailing Address

2721 OAK BROOK MANOR
WESTON FL 33332
US

2721 OAK BROOK MANOR
WESTON FL 33332-3429
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1670576

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

BEHREN, RICHARD I.
2721 OAKBROOK MANOR
WESTON FL 33332

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
BEHREN, RICHARD I.
2721 OAKBROOK MANOR
WESTON FL 33332
PD ☐ Delete
BEHREN, LETA
2721 OAKBROOK MANOR
WESTON FL 33332
D ☐ Delete
PHILIPSON, LISA
9 ROLLINGWOOD DR
NEW HARTFORD NY
D ☐ Delete
BEHREN, BRUCE
13745 S.W. 104 CT.
MIAMI FL 33176
SD ☐ Delete
EDELSTEIN, JULIE
1297 MANOR CT
WESTON FL 33326

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
☐ Change ☐ Addition
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD I. BEHREN

Date

Daytime Phone #

1/28/00

(954)349.7400

CR2E034 (9/99)