

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # K79079**1. Entity Name  
BEF ENTERPRISES, INC.**Principal Place of Business**% JONATHAN E. COLE  
250 ROYAL PALM WAY  
PALM BEACH  
33480

FL

**Mailing Address**% JONATHAN E. COLE  
250 ROYAL PALM WAY  
PALM BEACH  
33480

FL

**2. Principal Place of Business**

% JONATHAN E. COLE

**3. Mailing Address**

% JONATHAN E. COLE

Suite, Apt. #, etc.

ONE NORTH CLEMATIS STREET, SUITE 400

Suite, Apt. #, etc.

ONE NORTH CLEMATIS STREET, SUITE 400

City &amp; State

WEST PALM BEACH

FL

City &amp; State

WEST PALM BEACH

FL

Zip

33401

Country

Zip

33401

Country

4. FEI Number

**65-0116258**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**COLE, JONATHAN E.  
250 ROYAL PALM WAYPALM BEACH  
33480

FL

**7. Name and Address of New Registered Agent**

Name

ANGELL CORPORATE SERVICES, INC.

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

C/O EDWARDS &amp; ANGELL, LLP

ONE NORTH CLEMATIS STREET, SUITE 400

City

WEST PALM BEACH

FL

Zip Code  
33401

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 **JONATHAN E. COLE, PRESIDENT****04/26/2001**

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, 2001 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	PST	<input type="checkbox"/> Delete
NAME	FISH, ROBERT E.	
STREET ADDRESS	1648 SE 7TH CT.	
CITY-ST-ZIP	DEERFIELD BEACH	FL
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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	
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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:** Robert E. Fish

P

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)