

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
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2. Principal Place of Business % JONATHAN E. COLE Suite, Apt. #, etc. ONE NORTH CLEMATIS STREET, SUITE 400	3. Mailing Address % JONATHAN E. COLE Suite, Apt. #, etc. ONE NORTH CLEMATIS STREET, SUITE 400
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DO NOT WRITE IN THIS SPACE

City & State WEST PALM BEACH FL	City & State WEST PALM BEACH FL
Zip 33401	Country

4. FEI Number 65-0116258	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

COLE, JONATHAN E.
250 ROYAL PALM WAY

PALM BEACH FL
33480

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 & 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**
Signature, typed or printed name of registered agent and title if applicable.

04/26/2001
DATE

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Robert E. Fish**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P **04/26/2001**
Date

Daytime Phone #

CR2E034 (11/00)