

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02013

1. Entity Name  
BESA, INC.

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90079 013 \*\*\*158.75

Principal Place of Business  
10101 COLLINS AVENUE, #11F  
BAL HARBOR FL 33154  
US

Mailing Address  
10101 COLLINS AVENUE, #11F  
BAL HARBOR FL 33154  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
10101 COLLINS AVE  
Suite, Apt. #, etc.  
Apt 11 F  
City & State  
BAL Harbor FL  
Zip  
33154

3. Mailing Address  
SAME  
Suite, Apt. #, etc.  
SAME  
City & State  
Country  
Country

4. FEI Number 65-0165688  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
TACHER, PERLA  
10101 COLLINS AVENUE, #11F  
BAL HARBOR FL 33154

7. Name and Address of New Registered Agent  
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 Perla Tacher PERLA TACHER JAN-15-2001  
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TACHER, PERLA		NAME		
STREET ADDRESS	10101 COLLINS AVENUE, #11F		STREET ADDRESS		
CITY-ST-ZIP	BAL HARBOR FL 33154		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TACHER, SARA		NAME		
STREET ADDRESS	10101 COLLINS AVENUE, #11F		STREET ADDRESS		
CITY-ST-ZIP	BAL HARBOR FL 33154		CITY-ST-ZIP		
TITLE	D.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TACHER, DAVID		NAME		
STREET ADDRESS	10101 COLLINS AVE APT 11F		STREET ADDRESS		
CITY-ST-ZIP	BAL HARBOR FL 33154		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Perla Tacher PERLA TACHER JAN-15-2001 (305) 666-5662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)