2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

Principal Place of Business

DUNEDIN FL 34698

City & State

SIGNATURE

LEACULATER

1732 HICKORY GATE DR. N.

2. Principal Place of Business

2657 AUGUSTA Suite, Apt. #, etc.

P02000081882

Mailing Address

3. Mailing Address

City & State

Zip

gent and title if applicable.

DUNEDIN FL 34698

1732 HICKORY GATE DR. N.

1. Entity Name

BEHAR DESIGN & DEVELOPMENT INC.

Country

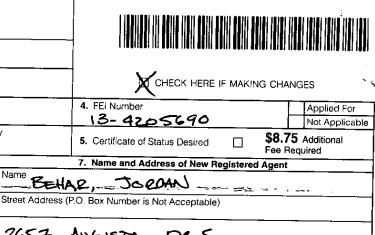
USA



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90232 045 ***150.00

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BEHAR, JORDAN 1732 HICKORY GATE DR. N. **DUNEDIN FL 34698**

6. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

Country

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State Trust Fund Contribution, 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME BEHAR, JORDAN NAME JORDAN BEHAL 1732 HICKORY GATE DR. N. STREET ADDRESS 2657 AUGUST4 DR.S STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP CLEARWATER TITLE ☐ Delete TITLE Change ☐ Addition NAME BEHAR, KARA NAME BEHAR STREET ADDRESS 1732 HICKORY GATE DR. N. STREET ADDRESS 2457 AUGUSTA DR.S. CITY-ST-7IP **DUNEDIN FL 34698** CITY-ST-ZIP llearuniee fl TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 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

CR2E034 (10/02)