

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000004667

1. Entity Name

BEHAR, FONT & PARTNERS, P.A.

Principal Place of Business

Mailing Address

4205 SALZEDO
CORAL GABLES FL 33146

4205 SALZEDO
CORAL GABLES FL 33146-1802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0369320

Applied For

Not Applied For

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

BEHAR, ROBERT
999 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Name Behar, Robert

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

4205 Salzedo

City Coral Gables

FL

Zip Code 33146

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME BEHAR, ROBERT
STREET ADDRESS 424 CASTANIA AVENUE
CITY-ST-ZIP CORAL GABLES FL

☐ Delete

TITLE PS
NAME FONT, JAVIER
STREET ADDRESS 8230 S.W. 63 COURT
CITY-ST-ZIP MIAMI FL

☐ Delete

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☐ Change ☐

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

Date

Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90017 004 ***150.00



DO NOT WRITE IN THIS SPACE

1/4/2000

(305) 446 6220