

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90036 013 ***150.00

DOCUMENT # P92000004667

1. Entity Name
BEHAR, FONT & PARTNERS, P.A.

Principal Place of Business
4533 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

Mailing Address
4533 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

2. Principal Place of Business
4533 Ponce De Leon Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
4533 Ponce De Leon Blvd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Coral Gables, FL
 Zip
33146
 Country
U.S.A.

City & State
Coral Gables, FL
 Zip
33146
 Country
U.S.A.

4. FEI Number **65-0369320**
 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEHAR, ROBERT
4533 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name **Behar, Robert**
 Street Address (P.O. Box Number is Not Acceptable)
4533 Ponce De Leon Blvd.
 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

1/8/02

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, 2002 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 **DP** ☐ Delete
 NAME **BEHAR, ROBERT**
 STREET ADDRESS **424 CASTANIA AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Behar

1/8/02

(305) 740-5442

Date

Daytime Phone #

02/27/02

CR2E034 (9/01)