

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067340

1. Entity Name

THE BEARRIFIC BEAR FACTORY, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90097 027 ***150.00

Principal Place of Business

12801 W. SUNRISE BOULEVARD
STORE 709
SUNRISE FL 33323
US

Mailing Address

2972-A AVENTURA BLVD.
SUITE 202
AVENTURA FL 33180-3103
US

2. Principal Place of Business

20533 BISCAYNE BLVD.

3. Mailing Address

20533 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 540

Suite, Apt. #, etc.

SUITE 540

City & State

AVENTURA, FLORIDA

City & State

AVENTURA, FLORIDA

Zip

33180

Country

U.S.A.

Zip

33180

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0516891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERT SMOLEY, ESQ.
THE MIAMI CENTER, 17TH FLOOR
201 S. BISCAYNE BOULEVARD
MIAMI FL 33131

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

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

TITLE	PS	<input type="checkbox"/> Delete
NAME	GREY, WENDY C	
STREET ADDRESS	2972-A AVENTURA BLVD., STE 202	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	20533 BISCAYNE BLVD, SUITE 540
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT SMOLEY WENDY GREY

Date

Daytime Phone #

3-16-00 (305) 936-1909

CR2E034 (9/99)