

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017789

1. Entity Name

BEHNKE & ASSOCIATES, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90212 024 \*\*\*150.00

Principal Place of Business

Mailing Address

6565 TAFT ST.  
 SUITE 207  
 HOLLYWOOD FL 33024

6565 TAFT ST.  
 SUITE 207  
 HOLLYWOOD FL 33024-4000

2. Principal Place of Business

3. Mailing Address

6565 Taft St.

6565 Taft St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104

Suite 104

City & State

City & State

Hollywood FL

Hollywood FL

Zip

Country

Zip

Country

33024 USA

33024 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0563274

Applied For

Not Applicable

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

GLASSMAN, LEE D ESQUIRE  
 1133 SOUTH UNIVERSITY DRIVE  
 211  
 PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHNKE, FRED	NAME	
STREET ADDRESS	6565 TAFT ST., STE. 207	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELTZER, STEWART	NAME	
STREET ADDRESS	6565 TAFT ST., STE. 207	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INTRACASO, MARK	NAME	
STREET ADDRESS	6565 TAFT ST., STE. 207	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFADDEN, GENE	NAME	
STREET ADDRESS	6565 TAFT ST., STE. 207	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, KINZEL C	NAME	
STREET ADDRESS	6565 TAFT ST., STE. 207	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	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:

*Gene M. McFadden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

Date

954-962-8014

Daytime Phone #

CR2E034 (9/99)