

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90103 022 \*\*\*150.00

**DOCUMENT # P95000017789**

1. Entity Name  
**BEHNKE & ASSOCIATES, INC.**



Principal Place of Business  
**6565 TAFT ST.  
SUITE 104  
HOLLYWOOD FL 33024**

Mailing Address  
**6565 TAFT ST.  
SUITE 104  
HOLLYWOOD FL 33024**

**60003494**



☒ CHECK HERE IF MAKING CHANGES

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 **65-0563274**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BEHNKE, FRED	6565 TAFT ST., STE. 207	HOLLYWOOD FL 33024	<input type="checkbox"/>
VP	MELTZER, STEWART	6565 TAFT ST STE 104	HOLLYWOOD FL 33024	<input type="checkbox"/>
VP	INTRACASO, MARK	6565 TAFT ST., STE 104	HOLLYWOOD FL 33024	<input type="checkbox"/>
VP	MCFADDEN, GENE	6565 TAFT ST STE #104	HOLLYWOOD FL 33024	<input type="checkbox"/>
VP	SCOTT, KINZEL C	6565 TAFT ST STE #104	HOLLYWOOD FL 33024	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Behnke, Fred	6565 TAFT ST, Ste 104	Hollywood FL 33024	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VP	Kinzel, C. Scott	6565 TAFT ST, Ste 104	Hollywood, FL 33024	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

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]* VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

954-9628014

Date

Daytime Phone #