

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2000 8:00 am**  
**Secretary of State**

08-25-2000 90003 024 \*\*\*550.00

**DOCUMENT # P95000045764**

1. Entity Name  
**BYA INVESTMENT CORPORATION**

Principal Place of Business 2 S. BISCAYNE BLVD STE 3400 MIAMI FL 33131	Mailing Address 2 S. BISCAYNE BLVD STE 3400 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>15001 Falkirk Place</b>	3. Mailing Address <b>15001 Falkirk Place</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami Lakes, FL</b>	City & State <b>Miami Lakes, FL</b>
Zip <b>33016</b>	Country <b>U.S.A.</b>

4. FEI Number <b>65-0645495</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**VALDES-EAULI CORPORATE SERVICES, INC.**  
**2 S BISCAYNE BLVD**  
**STE 3400**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name  
**EUGENIA BEHAR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15001 Falkirk Place**  
 City  
**Miami Lakes FL** Zip Code  
**33016**

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 **Eugenia Behar** DATE **8-21-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JIMINEZ, B R</b> <b>% 201 S. BISCAYNE BLVD. SUITE 900</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V</b> <b>BEHAR, ABRAHAM</b> <b>% 201 S. BISCAYNE BLVD. SUITE 900</b> <b>MIAMI FL 33131</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEHAR, ONDINA</b> <b>% 201 S. BISCAYNE BLVD. SUITE 900</b> <b>MIAMI FL 33131</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>BEHAR-YBARRA, ELIAS</b> <b>15001 Falkirk Place</b> <b>Miami Lakes, FL 33016</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>BEHAR, ABRAHAM</b> <b>15001 Falkirk Place</b> <b>Miami Lakes, FL 33016</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>BEHAR, EUGENIA</b> <b>15001 Falkirk Place</b> <b>Miami Lakes, FL 33016</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Eugenia Behar** DATE **8-21-00** DAYTIME PHONE # **(305)362-0506**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR E034 (5/00)