2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079465

1. Entity Name

IKE BEHAR INTERNATIONAL, INC.



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90081 035 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 TITLE VD Delete STREET ADDRESS CITY-ST-ZIP TITLE NAME BEHAR, LAWRENCE 13955 N.W. 60TH AVENUE MIAMI LAKES FL 33014 TITLE NAME BEHAR, STEVEN NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CHange Addition Addition Change Addition Addition Change Addition Addition STREET ADDRESS CITY-ST-ZIP												
Suite, Apt. #, etc. Suite, Apt. #, etc. Check Here II MAKING CHANGES City & State Country Zip Country S. Certificate of Status Desired Se. 75 Additional Fee Required For Required Se. Name and Address of Current Registered Agent Se. 75 Additional Fee Required FEHAR, ALAN 13955 N.W. 60TH AVENUE Street Address (P.D. Box Number is Not Acceptable) Signature types of projectored agent of the purpose of changing its registered difficulty or registered agent, or both, in the State of Florida. I am familiar with, and acceptable FILE NOW!!! FEE S 1510.00 Alter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State The ADDRESS AND BOTH AVENUE Selection Certosign Financing S5,00 May B BHAR, ALAN SIFET ADDRESS FILE NOW!!! FEE S 3014 Int. FILE NOW!!! FEE S 5150.00 Added to Fees SIFET ADDRESS	13955 N.W. 60TH AVENUE			13955	13955 N.W. 60TH AVENUE							
City & State Country A. FEI Number NOT APPLICABLE Not Applicable Not Applicable Set Fill Not Applicable Set Fill Not Applicable BEHAR, ALAN Some and Address of Current Registered Agent 7. Name and Address of Now Registered Agent 7. Name and Address of Now Registered Agent City FL Zip Code	2. Principal F	Place of Busine	3. Mai	3. Mailing Address								
Zip Country Zip Country S. Certificate of Status Desired St. 75. Additional Peer Required St. 75. Additiona	Suite, Apt.	. #, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
S. Certificate of Status Desired \$8.75 Additional Fee Required \$1. Name and Address of New Registered Agent Name	City & Stat	te	City	City & State			4. F	NOT APPLICABLE				
BEHAR, ALAN 13955 N.W. 60TH AVENUE MAMI LAKES FL 33014 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. SIGNATURE Agent State Agent State of Florida State of Florida State of Florida State of Florida. SIGNATURE Agent State Agent State Agent S	Zip Country			Zip	Zip Countr			5. (Certificate of Status Desired		8.75 Add	itional
BEHAR, ALAN 13955 N.W. 60TH AVENUE MAMI LAKES FL 33014 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. SIGNATURE Agent State Agent State of Florida State of Florida State of Florida State of Florida. SIGNATURE Agent State Agent State Agent S		6. Name	and Address of Curren	t Registere	ed Agent			7. 1	Name and Address of New Re	egistered Ac	ent	
Street Address (P.O. Box Number is Not Acceptable)		o. mamo		· · · · · · · · · · · · · · · · · · ·			Name					
13955 N.W. 60TH AVENUE MAMIL LAKES FL 33014 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 an amiliar with and accept the obligations of registered agent, or both, in the State of Florida. I an amiliar with and accept the obligations of registered agent, or both, in the State of Florida. I an amiliar with and accept the obligations of registered agent, or both, in the State of Florida. I an amiliar with and accept the obligations of registered agent, or both, in the State of Florida. I an amiliar with and accept the obligations of registered agent, or both, in the State of Florida. I an amiliar with and accept the obligations of registered agent, or both, in the State of Florida. I an amiliar with and accept the obligations of registered agent, or both, in the State of Florida. I an amiliar with and accept the obligations of registered agent, or both, in the State of Florida. I an amiliar with and accept the obligations of registered agent, or both, in the State of Florida. I an amiliar with and accept the obligations of registered agent, or both, in the State of Florida. I an amiliar with and accept the obligations of registered agent, or both, in the State of Florida. I an amiliar with and accept the obligations of registered agent, or both, in the State of Florida. I an amiliar with and accept the obligations of registered agent, or both, in the State of Florida. I an amiliar with and accept the obligations of registered agent, or both, in the State of Florida. I an amiliar with and accept the obligations of registered agent, or both, in the State of Florida. I an amiliar with and accept the obligations of registered agent, or both, in the State of Florida. I an amiliar with and accept the obligations of the properties of the obligations of the properties of the obligations. City	REHAR AI	I AN			- 							
MAMI LAKES FL 33014 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 and the illapplicable. SIGNATURE TILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME BEHAR, ALAN SISTER ADDRESS CITY-ST-7P MIAMI LAKES FL 33014 TITLE NAME SITER ADDRESS CITY-ST-7P MIAMI LAKES FL 33014 Detele TITLE NAME SITER ADDRESS CITY-ST-7P MIAMI LAKES FL 33014 Detele TITLE NAME SITER ADDRESS CITY-ST-7P MIAMI LAKES FL 33014 Detele TITLE NAME SITER ADDRESS CITY-ST-7P MIAMI LAKES FL 33014 Detele TITLE NAME SITER ADDRESS CITY-ST-7P MIAMI LAKES FL 33014 Detele TITLE NAME SITER ADDRESS CITY-ST-7P MIAMI LAKES FL 33014 Detele TITLE NAME SITER ADDRESS CITY-ST-7P MIAMI LAKES FL 33014 Detele TITLE NAME SITER ADDRESS CITY-ST-7P MIAMI LAKES FL 33014 Detele TITLE NAME SITER ADDRESS CITY-ST-7P MIAMI LAKES FL 33014 Detele TITLE NAME SITER ADDRESS CITY-ST-7P MIAMI LAKES FL 33014 Detele TITLE NAME SITER ADDRESS CITY-ST-7P MIAMI LAKES FL 33014 Detele TITLE NAME SITER ADDRESS CITY-ST-7P MIAMI LAKES FL 33014 Detele TITLE NAME SITER ADDRESS CITY-ST-7P MIAMI LAKES FL 33014 Detele TITLE NAME SITER ADDRESS CITY-ST-7P TITLE NAME SITER ADDRESS				Street A			ess (P.O. Box Number is Not Acceptable)					
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. City												
B. The above named onthy 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 ordered name of registered agent and title if applicable. NOTE Registered Agent signature received when rentationity) PTILE NOW!!! FEE IS \$15.0.0 After May 1, 2003 Fee will be \$550.00 After May 1,	MĮAMI LAK	(ES FL 3301	4									
SIGNATURE Signature Signature Signature Signature Signature Signature Signature majored when re-instanting DATE							City		-	FL	Zip Code	Э
FILE NOW!!! FEE IS \$150.00 S550.00 S550.				for the purp	ose of changing its	registere	ed office or reg	jistered ag	ent, or both, in the State of Flor	rida. I am fai	niliar with, ه	and accept
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE	Signature, typed o	or printed name of registered ager	nt and title if app	olicable. (NOTE	: Registere	d Agent signature re	equired when re	einstating)	DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS N.W. 60TH AVENUE MIAMI LAKES FL 33014 TITLE NAME STREET ADDRESS N.W. 60TH AVENUE MIAMI LAKES FL 33014 TITLE STD Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS N.W. 60TH AVENUE CITY-ST-ZIP TITLE NAME STREET ADDRESS N.W. 60TH AVENUE CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHange Additional Change Additional Change Additional Control Change Additional Change A	Afte	r May 1, 200	3 Fee will be \$550.00									
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS N.W. 60TH AVENUE MIAMI LAKES FL 33014 TITLE NAME STREET ADDRESS N.W. 60TH AVENUE MIAMI LAKES FL 33014 TITLE STD Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS N.W. 60TH AVENUE CITY-ST-ZIP TITLE NAME STREET ADDRESS N.W. 60TH AVENUE CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHange Additional Change Additional Change Additional Control Change Additional Change A	10.		OFFICERS ANI	DIRECTO	DRS	11.		AD	DITIONS/CHANGES TO OFFI	CERS AND E	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	TITLE NAME STREET ADDRESS	BEHAR, AL 13955 N.W.	AN 60TH AVENUE			NAM STRE	E ET ADDRESS					☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE STD STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADD	CHY-SI-ZIP		:5 FL 33014			-						
STD BEHAR, STEVEN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	BEHAR, LA			☐ Delete	NAM	E				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	MIAMI LAKE	S FL 33014			CITY	-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	BEHAR, STI 13955 N.W.	60TH, AVENUE		☐ Delete	NAM STRE	E ET ADDRESS =	. سجي يجود		و د میشند چی	☐ Change	Addition .
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS				☐ Delete	NAM STRE	E ET ADDRESS			ſ	Change	☐ Addition
NAME STREET ADDRESS CITY_ST_ZIP CITY_ST_ZIP	NAME STREET ADDRESS				☐ Delete	NAM STRE	ET ADDRESS				Change	☐ Addition
	NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			□ Delete	NAM STRE	E ET ADDRESS			1	Change	☐ Addition

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:

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07/03 (305/557-52/2

CR2E034 (10/0)