

2000 UNIFORM BUSINESS REPORT (UBR)

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

08-25-2000 90003 025 ***550.00

DOCUMENT # P96000079580

1. Entity Name
BEHAR-YBARRA & ASSOCIATES OF FLORIDA, INC.

Principal Place of Business 2 S. BISCAYNE BLVD SUITE 3400 MIAMI FL 33131 US	Mailing Address 2 S. BISCAYNE BLVD SUITE 3400 MIAMI FL 33131 US
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2. Principal Place of Business 5225 Ehrlich Road Suite, Apt. #, etc.	3. Mailing Address 15001 Falkirk Place Suite, Apt. #, etc.
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City & State Tampa, FL	City & State Miami Lakes, FL
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Zip 33624	Country U.S.A.	Zip 33016	Country U.S.A.
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4. FEI Number 65-0597030	Applied For <input type="checkbox"/> Not Applicable
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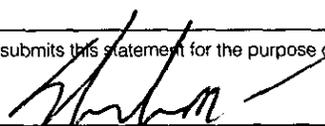
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
VALDES-FAULI CORPORATE SERVICES, INC.
2 S. BISCAYNE BLVD
SUITE 3400
MIAMI FL 33131

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

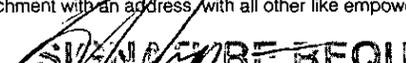
11. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> Delete
NAME JIMINEZ, B R	
STREET ADDRESS 201 SOUTH BISCAYNE BOULEVARD, SUITE 900	
CITY-ST-ZIP MIAMI FL 33131	
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 P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BEHAR-YBARRA, ELIAS	
STREET ADDRESS 15001 Falkirk Place	
CITY-ST-ZIP Miami Lakes, FL 33016	
TITLE V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MEDINA, HECTOR	
STREET ADDRESS 5225 Ehrlich Road Suite B	
CITY-ST-ZIP Tampa, FL 33624	
TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BEHAR, EUGENIA	
STREET ADDRESS 15001 Falkirk Place	
CITY-ST-ZIP Miami Lakes, FL 33016	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BEHAR, ABRAHAM	
STREET ADDRESS 15001 Falkirk Place	
CITY-ST-ZIP Miami Lakes, FL 33016	
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:  **Eugenia Behar** DATE **8-21-00** (305) 362-0506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

014 15/00