

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080316

1. Entity Name

WENDIE BEHM, D.C. P.A.

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

01-25-2000 90023 003 ***150.00

Principal Place of Business
8267 WEST SUNRISE BLVE.
PLANTATION FL 33322

Mailing Address
8267 WEST SUNRISE BLVE.
PLANTATION FL 33322

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0783035** Applied For
Not Applicable

Zip Country

Zip Country

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

BEHM, WENDIE DC
8267 WEST SUNRISE BLVE.
PLANTATION FL 33322

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BEHM, WENDIE DC
CITY-ST-ZIP 8267 WEST SUNRISE BLVD.
PLANTATION FL 33322

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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:

Wendie Behm Wendie Behm 1/18/2000 (954) 472-862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #