

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90711 011 ***150.00

0211488 AV

DOCUMENT # P97000105807

1. Entity Name
SHELDON BECHER, P.A.

Principal Place of Business
300 SEVILLA AVE
SUITE 215
CORAL GABLES FL 33134

Mailing Address
~~300 SEVILLA AVE~~
~~SUITE 215~~
~~CORAL GABLES FL 33134~~



2. Principal Place of Business

3. Mailing Address

9801 COLLINS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PENTHOUSE FOUR

City & State

City & State

BAL HARBOUR FL

Zip

Country

Zip

Country

33154

USA

4. FEI Number

65-0805251

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

BECHER, SHELDON

~~300 SEVILLA AVE~~

~~SUITE 215~~

~~CORAL GABLES FL 33134~~

Name

Street Address (P.O. Box Number is Not Acceptable)

9801 COLLINS AVE.

PENTHOUSE FOUR

City

BAL HARBOUR

FL

Zip Code

33154

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, 2002 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
PS
BECHER, SHELDON
300 SEVILLA AVE, SUITE 215
CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHELDON BECHER

Date

Daytime Phone #

CR2E034 (9/01)