

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 14, 2000 08:00 AM**
Secretary of State**DOCUMENT # P98000091181****1. Entity Name****BENTLEY'S INTERNATIONAL REALTY, INC.****Principal Place of Business**350 SOUTH COUNTY ROAD
SUITE 201
PALM BEACH
33480

FL

Mailing Address350 SOUTH COUNTY ROAD
SUITE 201
PALM BEACH
33480

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**65-0871232**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**ZALFER YOAN
350 SOUTH COUNTY ROAD
SUITE 201
PALM BEACH
33480

FL

US

7. Name and Address of New Registered Agent**Name**

ZALFER YOAN

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

350 SOUTH COUNTY ROAD

SUITE 201

City
PALM BEACH**FL**Zip Code
33480**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 YOAN ZAIFER**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/14/2000

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**

TITLE	V	<input type="checkbox"/> Delete
NAME	TUCHNER MAX	
STREET ADDRESS	885 FATHOM RD	
CITY-ST-ZIP	W PALM BEACH	FL 33408

TITLE	P	<input type="checkbox"/> Delete
NAME	ZAIFER YOAN	
STREET ADDRESS	350 SOUTH COUNTY ROAD SUITE 201	
CITY-ST-ZIP	PALM BEACH	FL 33480

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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOCHNER MAX	
STREET ADDRESS	885 FATHOM RD	
CITY-ST-ZIP	W PALM BEACH	FL 33408

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** Yoan Zeifer

B

04/14/2000