

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090375

1. Entity Name **BECHY ENTERPRISES, INC.**

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90042 006 ***150.00

B0102346

DO NOT WRITE IN THIS SPACE

Principal Place of Business
13152 West Dixie Hwy
North Miami, FL 33161

Mailing Address
13152 W. Dixie Hwy
North Miami, FL. 33161

2. Principal Place of Business
13152 W. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address
13152 West Dixie Hwy
Suite, Apt. #, etc.

City & State
North Miami, FL.

Zip
33161

Country
USA

City & State
North Miami, Fla.

Zip
33161

Country
USA

4. FEI Number **65-0956533**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SONIA RODRIGUEZ
13152 West Dixie Hwy
North Miami, Florida 33161

7. Name and Address of New Registered Agent

Name
SONIA RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)
10350 N.W. 32nd Ave, Miami

City **Miami** **FL** Zip Code **33147**

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

May 30, 2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PVTS ERIBERTO RODRIGUEZ XXDelete 13152 West Dixie Hwy N. Miami, FL. 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS JOSEFINA CARABALLO XXChange 33 Redbird Ave. Hollywood, FL. 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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 empowerments.

SIGNATURE **Josefina Caraballo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/ 2000

(305) 895-9796

Date

Daytime Phone #