

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S98712

1. Entity Name  
ITZHAK BACHAR, P.A.



Principal Place of Business  
1400 NE MIAMI GARDEN DR.  
SUITE 219  
MIAMI, FL 33179 US

Mailing Address  
1400 NE MIAMI GARDEN DR.  
SUITE 219  
MIAMI, FL 33179 US

FILED

04 JUL -2 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0301094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BACHAR, ITZHAK P  
1400 NE MIAMI GARDENS DRIVE  
SUITE 219  
MIAMI, FL 33179

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	BACHAR, ITZHAK
STREET ADDRESS	1400 NE MIAMI GARDENS DR. SUITE 219
CITY-ST-ZIP	MIAMI, FL 33179

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

100039086201  
07/14/04--01016--007 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 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

06/30/04 (305)652-1113  
Date Daytime Phone #

# ITZHAK BACHAR, P.A.

**LAW OFFICE**

1400 NE MIAMI GARDENS DRIVE  
SUITE 219  
NORTH MIAMI BEACH, FL 33179  
PHONE (305) 652-1113  
PHONE (305) 949-4404  
FAX (305) 949-4490  
[IBESQUIRE@AOL.COM](mailto:IBESQUIRE@AOL.COM)

June 30, 2004

Department of State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

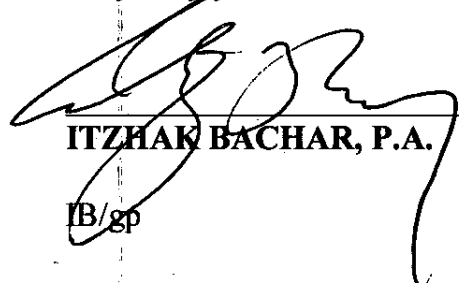
**Re: Itzhak Bachar, P.A.**  
**Document # S98712**

Dear Sir/Madam:

It has come to our attention that the last event for this corporation is a Notice of Intent to Dissolve. Itzhak Bachar, P.A., did not receive the annual report form for the years 2004 therefore was unable to pay the annual fees. We are asking that the reinstatement fee be waived. Enclosed please find check number 2898 in the amount of One Hundred Fifty Dollars (\$150.00) as a fee for each annual reports missing.

I appreciate all your kind courtesy in handling this matter.

Very truly yours,



ITZHAK BACHAR, P.A.

IB/gp