

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715460

1. Entity Name

FLEET RESERVE HALL, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90083 045 ****61.25

Principal Place of Business Mailing Address
657 FISHERMAN STREET 657 FISHERMAN STREET
OPA LOCKA FL 33054 OPA LOCKA FL 33054-3809



DO NOT WRITE IN THIS SPACE

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 59-1549752 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

BENOIT, LEONAD
2648 NASSAU DR.
MIRAMAR FL 33023

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLYLE, WILLIAM O. 19143 NW 19TH ST PEMBROKE PINES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFARLANE, JOHN G. 1983 N.W. 105TH STREET MIAMI FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGLE, BEN 630 N.W. 188 ST. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANLAGE BEN. 630 N.W. 188 ST. MIAMI FL.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHORE, RICHARD B 6930 SW 28 ST MIRAMAR FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENOIT, LEONARD E 2648 NASSAU DR MIRAMAR FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSAY, P. K. 6601 SW 24 ST. MIRAMAR FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 617, 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: *Leonard E. Benoit* REQUIRED SIGNATURE OF LEONARD E. BENOIT 7-27-00 305 688-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #