

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 05, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000035696

1. Entity Name
BENJAMIN & BENJAMIN ESQ. RECOVERY SYSTEMS, INC.

Principal Place of Business 450 FAIRWAY DRIVE #104 DEERFIELD BEACH FL 33441	Mailing Address 450 FAIRWAY DRIVE #104 DEERFIELD BEACH FL 33441
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2. Principal Place of Business 450 FAIRWAY DRIVE	3. Mailing Address 450 FAIRWAY DRIVE
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Suite, Apt. #, etc. SUITE 104	Suite, Apt. #, etc. SUITE 104
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City & State DEERFIELD BEACH FL	City & State DEERFIELD BEACH FL
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Zip 33441	Country	Zip 33441	Country
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4. FEI Number 65-0998556	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MEYER JEFFREY W
450 FAIRWAY DRIVE #104

DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name MEYER JEFFREY W
Street Address (P.O. Box Number is Not Acceptable) 450 FAIRWAY DRIVE
SUITE 104
City DEERFIELD BEACH FL
Zip Code 33441

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 _____ **06/05/2001**
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, 2001 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 D	<input type="checkbox"/> Delete
NAME MEYER JEFFREY W	
STREET ADDRESS 450 FAIRWAY DRIVE #104	
CITY-ST-ZIP DEERFIELD BEACH FL 33441	
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	<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: JEFFREY W. MEYER **D** **06/05/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)