


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 20 AM 9:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P 02000018585
1. Entity Name
BENTEX, INC



DO NOT WRITE IN THIS SPACE

REINSTATEMENT 07

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6535 COLOMERA DR
Suite, Apt. #, etc.

3. Mailing Address
6535 COLOMERA DR
Suite, Apt. #, etc.

City & State
BOCA RATON FL.

City & State
BOCA RATON FL

Zip
33433 Country

Zip
33433 Country

4. FEI Number
58-2660497

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ELKAIM, ILAN

Street Address (P.O. Box Number is Not Acceptable)
6535 COLOMERA DR

City BOCA RATON FL Zip Code 33433

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 JL Elkaim 10/15/03 DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE <u>PSD</u>	NAME <u>ELKAIM, ILAN C.</u>	TITLE <u>700023356827</u>	NAME <u>10/20/03--01057--011 **150.00</u>
STREET ADDRESS <u>6535 COLOMERA DR</u>	CITY-ST-ZIP <u>BOCA RATON FL. 33437</u>	STREET ADDRESS	CITY-ST-ZIP
TITLE <u>VPTD</u>	NAME <u>ELKAIM, LOBIN B.</u>	TITLE	NAME
STREET ADDRESS <u>6535 COLOMERA DR</u>	CITY-ST-ZIP <u>BOCA RATON FL 33437</u>	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	DO NOT WRITE IN THIS SPACE	
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CITY-ST-ZIP	STREET ADDRESS	DO NOT WRITE IN THIS SPACE	
TITLE	NAME		
STREET ADDRESS	NAME		
CITY-ST-ZIP	STREET ADDRESS		

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 on an attachment with an address, with all other like empowered.

SIGNATURE: JL Elkaim 10/15/03 DATE

21 10/22

CR2E034B (12/02)

Bentex, Inc.
6535 Colomera Drive
Boca Raton
Florida
33433

October 15th, 2003

The Department of State
Division of Corporations
Tallahassee
Florida

Dear Sirs:

RE: BENTEX, Inc. P02000018585

We changed our address in December 2002 and filled out the relevant address change forms at the post office.

However, we never received the Annual Corporate Renewal form through the mail and only after our CPA asked us this month if we had paid the bill did we realize that the payment had not been made. We would appreciate it if you would accept the enclosed check for \$150.00 and abate the penalty.

We apologize for any inconvenience caused.

Sincerely,



I. ELKAIM (Pres)