

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P40065**

1. Entity Name

**D. A. DEBENEDICTIS, LTD., INC.**

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90001 017 \*\*\*158.75

Principal Place of Business

Mailing Address

**31000 TELEGRAPH RD.  
 SUITE 100  
 BINGHAM FARMS MI 48025**

**31000 TELEGRAPH RD.  
 SUITE 100  
 BINGHAM FARMS MI 48025-4361**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-2349306**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEBENEDICTIS, DAVID A.  
 2255 GLADES RD, SUITE 324 ATRIUM  
 BOCA RATON FL 33431**

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 \_\_\_\_\_ (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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>P DEBENEDICTIS, DAVID A.</b>		NAME:	
STREET ADDRESS: <b>2931 BANYAN BLVD. CIRCLE NW</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>BOCA RATON FL</b>		CITY-ST-ZIP:	
NAME: <b>AS DUCHARME, PATRICIA A.</b>		NAME:	
STREET ADDRESS: <b>209 E HIGHLAND</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>BLOOMFIELD HILLS MI 48302</b>		CITY-ST-ZIP:	
NAME: <b>ST DEBENEDICTIS, JANICE E.</b>		NAME:	
STREET ADDRESS: <b>2931 BANYAN BLVD CIRCLE NW</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>BOCA RATON FL</b>		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: *David A. DeBenedictis* **DAVID A. DEBENEDICTIS PRES.**  
 Date: 3/30/00 Daytime Phone #: (561) 998-9697

CR2E034 (9/99)