

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90001 025 ***158.75

DOCUMENT # P40065

1. Entity Name

D. A. DEBENEDICTIS, LTD., INC.

Principal Place of Business

Mailing Address

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

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

644276



DO NOT WRITE IN THIS SPACE

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

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 Same
 Street Address (P.O. Box Number is Not Acceptable)
1140 Holland Drive, Suite 4
 City Boca Raton FL Zip Code 33487

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

David A. DeBenedictis

(NOTE: Registered Agent's signature required when reinstating)

DATE

4/18/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	TITLE	NAME
P	DEBENEDICTIS, DAVID A. 2931 BANYAN BLVD. CIRCLE NW BOCA RATON FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS	DUCHARME, PATRICIA A. 209 E HIGHLAND BLOOMFIELD HILLS MI 48302	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST	DEBENEDICTIS, JANICE E. 2931 BANYAN BLVD CIRCLE NW BOCA RATON FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. DeBenedictis

4/18/01
 Date

(561) 998-9697
 Daytime Phone #

CR2E034 (10/00)