

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90223 035 \*\*\*150.00

**DOCUMENT # P94000051284**

1. Entity Name  
**BENAIM, INCORPORATED**

Principal Place of Business

**%BENAIM RIVIAN  
 7340 SW 56 ST  
 MIAMI FL 33155  
 US**

Mailing Address

**C/O ROBIN DEMONACO  
 102 COASTAL WAY  
 JUPITER FL 33477**

2. Principal Place of Business

3. Mailing Address

**c/o Monroe Benaim**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. Box 3719**

City & State

City & State

**TEQUESTA, FL**

Zip

Country

Zip

Country

**33469**

**USA**

4. FEI Number

**65-0558546**

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

**BENAIM, MONROE N MD  
 102 COASTAL WAY  
 JUPITER FL 33477**

Name

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

**956 Pompano Drive**

City

**Jupiter**

FL

Zip Code

**33458**

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

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PSTD</b>			
	<b>BENAIM, RIVIAN</b>			
	<b>7340 SW 56TH STREET</b>			
	<b>MIAMI FL</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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: **X Rivian Benaim**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/02 561-743-4029**

CR2E034 (9/01)