

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


7/17

**FILED**  
**Aug 19, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90030 032 \*\*\*150.00

**DOCUMENT # P96000034478**

1. Entity Name  
**BENITO'S ALL SERVICE CORP**



Principal Place of Business  
**12333 S.W. 32ND TERRACE  
MIAMI FL 33175**

Mailing Address  
**12333 S.W. 32ND TERRACE  
MIAMI FL 33175**

**55054517**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0659866**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LOPEZ, BENITO  
12333 S.W. 32ND TERRACE  
MIAMI FL 33175**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LOPEZ, BENITO</b>
STREET ADDRESS	<b>12333 SW 32ND TERR</b>
CITY-ST-ZIP	<b>MIAMI FL 33175</b>
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	

11. 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	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **7/8/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E03A (4/03)

attachment

55054517  
~~#P96000034478~~

August 12, 2003

Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Benito's All Service Corp  
#P6000034478

Dear Sirs,

I received your letter requesting a late payment due in the amount of \$400.00 for the annual report/uniform business report.

Please refer back to my letter which accompanied my payment in the amount of \$150.00. I ask that you please take into consideration the fact that I have always made my payments in a timely fashion. I did not receive my "first request" for payment, but only the "second request", therefore, upon making my payment toward the "second request" my payment arrived late in your office. If I may ask you at this time to please take a moment and review my credit history in your office you will notice that my account does not appear delinquent. Therefore I request the possibility of considering that the late fee in the amount of \$400.00 be waived.

I thank you for your valuable time and effort to my request. Please contact me at (786) 246-3224 if you have any questions.

Sincerely,



Benito Lopez  
Benito's All Service Corp