2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P9700000006

1. Entity Name

BENORE VENTURES



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90473 013 ***158.75

DENOIS	L VENTORES, INC.						
Principal Pl 112 E STRI SUITE B TAMPA FL		Mailing Address 8211 W BROWARD BLVD 350 PLANTATION FL 33324		- OWE !			
Principal Sulta As	Place of Business L. #, eta H.	Mailing Address	W.8	5			
19 4 19 19 19 19 19 19 19 19 19 19 19 19 19		Suite, Apt. #, etc. City & State		CHECK HERE IF MAKING CHANGES 4. FEI Number FO 0.1500.10			
2p3021 Country		Zip	Zip Country		59-345634 5. Certificate of Status Desired	\$8.75	Applied For Not Applicable Additional
	6. Name and Address of Current Re	egistered Agent			7. Name and Address of New	Fee Rec	quired
GOTTA,	FRANK	- Northe .	Name	She	12-12-Mi	MS	
8211 W BROWARD BLVD #350 PLANTATION FL 33324			Street	3446	a Box Number is Not Acceptat	OCA P	SILO
LANTATION FE 33324				Ste	, 470	<u> </u>	
8. The above	e named entity submits this statement for the	De nurrose of changing its	City	<u>1011</u>	17000	FL Zing	302
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 SIGNATURE							
F	Signature, lyped or printed nature of rightered agent and size NOW!!! FEE IS \$150.00	title if applicable. (NOTE: I	Registered Agent sign	ature required wi	hen reinstating)	DATE	
After Make Check	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of St	ate			9. Election Campaign F Trust Fund Contribution	_ ~ ~	5.00 May Be
10.	OFFICERS AND DIR		11.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	ORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	BLANKE, JOHN C/O 112 EAST STREET, SUITE B TAMPA FL 33602	□ Delete	TITLE NAME STREET ADDRESS	3-1-4	o Hollywa	Chang	ge Addition
TITLE	TAWFA FL 33002	☐ Delete	CITY-ST-ZIP	HO	MODORA]	T 330	21
NAME STREET ADDRESS	, -1	Li betete	TITLE NAME	POA	alibral samo	□ Change UELS	e Addition
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	344	HOLLING	DE BIVD	, #470
TITLE NAME	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE	HOU	HUDOOD FC	- 3302	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		•	* v.= ·	
TITLE NAME		☐ Delete	TITLE	· · ·		Change	e
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			_ ,	
TITLE NAME		☐ Delete	TITLE			Change	Addition
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS				
TITLE		Delete	CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
NAME STREET ADDRESS		_ 5000	NAME			☐ Change	☐ Addition
CITY-ST-ZIP	att at all		STREET ADDRESS CITY-ST-ZIP				
indicated or of the corpo changed, or	rtify that the information supplied with this find this report or supplemental report is true a pration or the receiver or trustee empowers on an attachment with an address.	iling does not qualify for the and accorate and that my si to execute this report as re other like empowered.	exemption state gnature shall ha equited by Chap	ed in Section we the same oter 607, Flo	n 119.07(3)(i), Florida Statutes. I e legal effect as if made under or rida Statutes; and that my name	further certify that the ath; that I am an office appears in Block 10 c	information r or director or Block 11 if

SIGNATURE:

SIGNA SIGNATURE AND TO SEE OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR