


FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90197 007 ***150.00

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

DOCUMENT # P9700003721		
1. Entity Name BENJAMIN R. SIEGAL FAMILY HOLDINGS, INC.		
Principal Place of Business 21307 N.E. 38TH AVENUE AVENTURA, FL 33180 US		Mailing Address 21307 N.E. 38TH AVENUE AVENTURA, FL 33180 US
2. Principal Place of Business 2775 SUNNY ISLES BLVD Suite, Apt. #, etc. SUITE 118 City & State NORTH MIAMI BEACH, FL Zip 33160		3. Mailing Address 2775 SUNNY ISLES BLVD. Suite, Apt. #, etc. SUITE 118 City & State NORTH MIAMI BEACH, FL Zip 33160
		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES
		4. FEI Number 65-0722562
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NELSON, BARRY A ESQ 2775 SUNNY ISLES BLVD STE 118 MIAMI, FL 33160		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature is required when re-registering)</small>		DATE _____
FILE NOW WITH FEE IS \$160.00. After May 1, 2003 Fee will be \$550.00. Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIEGAL, BENJAMIN R 5161 COLLINS AVE, APT. 1414 MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIEGAL, TED A 21307 N.E. 38TH AVENUE AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGAL, JEAN D 5161 COLLINS AVE., APT. 1414 MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOHN, MARLENE R 12101 ROCK GARDEN LANE MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>Benjamin R Siegal</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/2/03 (305) 932-2000 <small>Daytime Phone #</small>

10062844



CRREC034 (10/02)

PRESIDENT