

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90001 012 ***550.00

DOCUMENT # P97000082733

1. Entity Name
BEN & SHIRLEY TORRES, INC.



Principal Place of Business **1932 INDIAN TRAILS COURT LAKELAND FL 33813**
735 CREATIVE DR #31-32

Mailing Address
1932 INDIAN TRAILS COURT LAKELAND FL 33813



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
735 Creative Dr.

Suite, Apt. #, etc.
#31-32

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

City & State
Lakeland FL

City & State

4. FEI Number **59-3471796**

Applied For
 Not Applicable

Zip **33813** Country **Polk**

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

TORRES, BENIGNO JR
1932 INDIAN TRAILS COURT
LAKELAND FL 33813

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.

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D TORRES, BENIGNO JR 1932 INDIAN TRAILS COURT LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, SHIRLEY F 1932 INDIAN TRAILS COURT LAKELAND FL 33813	<input type="checkbox"/> Delete
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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: **S. Benigno Jr**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/00
Date

863-428-2616
Daytime Phone #

CR2E034 (5/00)