

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90007 016 \*\*\*150.00

**DOCUMENT # P98000000304**

1. Entity Name

**CARLOS M. BENITEZ, INC., INTERNATIONAL**

Principal Place of Business

2121 PONCE DE LEON BLVD  
 SUITE 1200  
 CORAL GABLES FL 33134

Mailing Address

2121 PONCE DE LEON BLVD  
 SUITE 1200  
 CORAL GABLES FL 33134-5213

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2166728**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FERNANDEZ GUZMAN, HILDA**  
**2121 PONCE DE LEON BLVD**  
**SUITE 1200**  
**CORAL GABLES FL 33134**

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.

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, 2000 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARLOS MANUEL BENITEZ RIVERA</b>	
STREET ADDRESS	<b>510 MUNOS RIVERA AVE</b>	
CITY-ST-ZIP	<b>HATO REY, PUERTO RICO 00918</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARIA DE LOS ANGELES BENITEZ</b>	
STREET ADDRESS	<b>510 MUNOS RIVERA AVE</b>	
CITY-ST-ZIP	<b>HATO REY, PUERTO RICO 00918</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HILDA FERNANDEZ GUZMAN</b>	
STREET ADDRESS	<b>2121 PONCE DE LEON BLVD, STE 1200</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARLOS GARCIA</b>	
STREET ADDRESS	<b>2121 PONCE DE LEON BLVD, STE 1200</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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			

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.

*María de los A. Benítez*

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/00

(787)764-1223

Date

Daytime Phone #