

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90083 033 \*\*\*150.00

0160706

**DOCUMENT # P98000000304**

1. Entity Name  
**CARLOS M. BENITEZ, INC., INTERNATIONAL**

Principal Place of Business <b>2121 PONCE DE LEON BLVD          SUITE 1200          CORAL GABLES FL 33134</b>	Mailing Address <b>2121 PONCE DE LEON BLVD          SUITE 1200          CORAL GABLES FL 33134</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. <b>101 ALMERIA AVE</b>	3. Mailing Address Suite, Apt. #, etc. <b>101 ALMERIA AVE</b>	4. FEI Number <b>52-2166728</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>CORAL GABLES FL</b>	City & State <b>CORAL GABLES FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33134-6008</b>	Country	Zip <b>33134-6008</b>	Country

6. Name and Address of Current Registered Agent <b>FERNANDEZ GUZMAN, HILDA 2121 PONCE DE LEON BLVD SUITE 1200 CORAL GABLES FL 33134</b>	7. Name and Address of New Registered Agent Name <b>Hilda F. Guzmán</b> Street Address (P.O. Box Number is Not Acceptable) <b>101 Almeria Ave</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134-6008</b>
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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 \_\_\_\_\_ (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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARLOS MANUEL BENITEZ RIVERA</b> <b>510 MUNOS RIVERA AVE</b> <b>HATO REY, PUERTO RICO 00918</b> <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	<b>D</b> <b>MARIA DE LOS ANGELES BENITEZ</b> <b>510 MUNOS RIVERA AVE</b> <b>HATO REY, PUERTO RICO 00918</b> <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	<b>D</b> <b>HILDA FERNANDEZ GUZMAN</b> <b>2121 PONCE DE LEON BLVD, STE 1200</b> <b>CORAL GABLES FL 33134</b> <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	<b>D</b> <b>CARLOS GARCIA</b> <b>2121 PONCE DE LEON BLVD, STE 1200</b> <b>CORAL GABLES FL 33134</b> <input checked="" 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
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

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:** Maria de los A. Benitez **2/5/01** **305-445-3181**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/00)