2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000026856 Feb 28, 2001 8:00 am 1. Entity Name **Secretary of State** Benshaul Co. 02-28-2001 90109 026 \*\*\*150.00 Principal Place of Business Mailing Address 3300 N.E. 192 Street 3300 N.E. 192 Street #716 Aventura, Fl. Aventura, Fl. A0026275 33180 33180 2. Principal Place of Business 3. Mailing Address 3020 North 36 Avenue 3020 North 36 Avenue Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Hollywood, Fl Hollywood, Fl X Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33021 33021 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Morad, Hai Morad, Hai Street Address (P.O. Box Number is Not Acceptable) 3020 North 36 Avenue 3300 N.E. 192 Street, #716 Aventura, Fl. 33180 City Zip Code Hollywood, 33021 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 Hai Morad 02/14/01 (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D ☐ Delete TITLE D Morad, Hai NAME Morad, Hai STREET ADDRESS 3300 N.E. 192 Street, #716 STREET ACORESS 3020 North 36 Avenue CITY-ST-ZIP Aventura, Fl.\_ 33180 C!TY-ST-7IP Hollywood, Fl. 33021 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME Morad, Sara Morad, Sara STREET ADDRESS 3300 N.E. 192 Street #716 STREET ADDRESS 3020 North 36 Avenue CITY-ST-ZIP CITY-ST-ZIP Aventura, Fl. 33180 Hollywood, Fl. 33021 TITLE Delete 11516 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZiP TITL F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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. 02/14/01 Daytime Phone #