

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098632

1. Entity Name  
**JOHN M. BENEVIDES & ASSOCIATES, INCORPORATED**

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90099 037 \*\*\*158.75

Principal Place of Business  
513 U.S. HIGHWAY ONE  
SUITE #220  
NORTH PALM BEACH FL 33408

Mailing Address  
POST OFFICE BOX 14714  
NORTH PALM BEACH FL 33408-0714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**904 IRONWOOD ROAD**  
Suite, Apt. #, etc.

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

City & State  
**NORTH PALM BEACH FL**

City & State

4. FEI Number  
**65-0958782** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Zip  
**33408** Country  
**PALM BEACH** Zip Country

6. Name and Address of Current Registered Agent  
**BENEVIDES, JOHN M**  
**513 U.S. HIGHWAY ONE**  
**SUITE #220**  
**NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent  
Name  
**JOHN M. BENEVIDES**  
Street Address (P.O. Box Number is Not Acceptable)  
**904 IRONWOOD ROAD**  
City  
**NORTH PALM BEACH FL** Zip Code  
**33408**

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 **4/10/2000**

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 \$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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: DATE **4/10/2000** DAYTIME PHONE # **561.944-6050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)