2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P99000098632** Apr 13, 2000 8:00 am **Secretary of State** JOHN M. BENEVIDES & ASSOCIATES, INCORPORATED 04-13-2000 90099 037 ***158.75 Principal Place of Business Mailing Address POST OFFICE BOX 14714 513 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408-0714 SUITE #220 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address ROND 904 TRONWOOD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number JORTH PACM BEACH . FL 65-0958782 Not Applicable Country \$8.75 Additional X 5. Certificate of Status Desired BEACH Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BENEVIDES 0 HN-W. BENEVIDES, JOHN M Street Address (P.O. Box Number is Not Acceptable) 513 U.S. HIGHWAY ONE **SUITE #220** IRONWOOD ROAD NORTH PALM BEACH FL 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 (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT, U.P + SCCTARY TITLE ☐ Delete TITLE WHU M. BENEVIOUS NAME NAME STREET ADDRESS 904 TROUWEDD RD STREET ADDRESS NORTH PALM BEACH, FL 33408 CITY-ST-ZIP CITY-ST-ZIP **Addition** Change ☐ Delete TITLE TITLE KATHLEEN BENEVIDES NAME NAME 904 FRON WOOD RD STREET ADDRESS STREET ADDRESS 33408 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.