

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90173 005 \*\*\*150.00

**DOCUMENT # S39884**

1. Entity Name  
**JERRY BENIGIS, INC.**

Principal Place of Business <del>9860 SOUTHWEST 122ND STREET</del> <del>MIAMI FL 33176</del>	Mailing Address <del>9860 SOUTHWEST 122ND STREET</del> <del>MIAMI FL 33176-4928</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>11815 NW 10 PL</b> Suite, Apt. #, etc.	3. Mailing Address <b>1440 CORAL RIDGE DR.</b> Suite, Apt. #, etc. <b># 166</b>
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City & State <b>CORAL SPRINGS, FL.</b>	City & State <b>CORAL SPRINGS, FL.</b>	4. FEI Number <b>65-0256630</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33071</b>	Country <b>USA</b>	Zip <b>33071</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>BENIGIS, JERRY</b> <b>9860 SOUTHWEST 122ND STREET</b> <b>MIAMI FL 33176</b>	7. Name and Address of New Registered Agent Name <b>JERRY BENIGIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>11815 NW 10 PL</b> City <b>CORAL SPRINGS</b> <b>FL</b> Zip Code <b>33071</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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) **4/24/00**

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	<b>D</b> <b>BENIGIS, JERRY</b> <b>9860 SOUTHWEST 122ND ST.</b> <b>MIAMI FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JERRY BENIGIS</b> <b>11815 NW 10 PL.</b> <b>CORAL SPRINGS, FL 33071</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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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: *[Signature]* **4/24/00** **(954) 757-2444**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)