

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90111 036 \*\*\*150.00

**DOCUMENT # S39884**

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

Principal Place of Business 1815 NW 10 PLACE POMPANO BEACH FL 33071	Mailing Address 1440 CORAL RODGE DRIVE #166 POMPANO BEACH FL 33071
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**C0047915**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>11815 NW 10 PL.</i>	3. Mailing Address <i>1440 CORAL RIDGE DRIVE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>#166</i>

City & State <i>CORAL SPRINGS FL.</i>	City & State <i>CORAL SPRINGS, FLORIDA</i>	4. FEI Number <b>65-0256630</b>	Applied For <input type="checkbox"/>
Zip <i>33071</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <i>33071</i>	Country <i>USA</i>		

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BENGIS, JERRY**  
**11815 NW 10 PLACE**  
**POMPANO BEACH FL 33071**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

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 \_\_\_\_\_  
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, 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>P</b> <b>BENGIS, JERRY</b> <b>11815 NW 10 PLACE</b> <b>POMPANO BEACH FL 33071</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> 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:  **4/13/01** **954-757-2144**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)