## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2002 8:00 am § Secretary of State DOCUMENT # S39884 1. Entity Name 05-14-2002 90064 021 \*\*\*150.00 JERRY BENGIS, INC. Principal Place of Business Mailing Address /11815:NW/10 PL 1440 CORAL RODGE DRIVE CORAL SPRINGS FL 33071 POMPANO BEACH FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0256630 Not Applicable Zip Country Country \$8.75 Additional\_ 5. Certificate of Status Desired Fee Required... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENGIS, JERRY Street Address (P.O. Box Number is Not Acceptable) 11815 NW 10 PLACE **POMPANO BEACH FL 33071** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's gnature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME BENGIS, JERRY NAME STREET ADDRESS STREET ADDRÉSS 11815 NW 10 PLACE CITY-ST-ZIP POMPANO BEACH FL 33071 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 fustee ampowered 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 objective empowered.

SIGNATURE:

**FILED**