

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91569 006 ***150.00

DOCUMENT # 625874

1. Entity Name
BENCHMARK INDUSTRIES, INC.

Principal Place of Business 525 NE 32ND ST FT. LAUDERDALE FL 33334 US	Mailing Address 525 NE 32ND ST. FT LAUD FL 33334 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1923052** Applied For
 Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VESTAL, DONALD J. , ATTY.
 7881-A HOLLYWOOD BOULEVARD
 PEMBROKE PINES FL 33024**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
TD	KIRMSE, MARSHA 3420 DUNES VISTA DR POMPANA BEACH FL		
SD	KIRMSE, MARK 3420 DUNES VISTA DR POMPANO BEACH FL		
PD	ASTOR, ROBERT 3091 N.W. 95TH AVE. CORAL SPRINGS FL		
D	ASTOR, SUSAN 3091 NW 95 AVE CORAL SPRINGS FL		

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: *Marsha K Kirmse* **MARSHA K KIRMSE** Date **4/16/02** Daytime Phone # **954-561-8588**

CR2E034 (9/01)