


**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90151 022 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000057328</b>			
1. Entity Name <b>BENA ENTERPRISES, INC.</b>			
Principal Place of Business <b>1679 NEW HAVEN PT OANE WEST PALM BEACH, FL 33411</b>		Mailing Address <b>1679 NEW HAVEN PT OANE WEST PALM BEACH, FL 33411</b>	
2. Principal Place of Business <b>3700 Georgia Ave.</b>		3. Mailing Address <b>1679 New Haven Pointe</b>	
Suite, Apt. #, etc. <b>21</b>		Suite, Apt. #, etc.	
City & State <b>West Palm Beach</b>		City & State <b>West Palm Beach</b>	
Zip <b>33405</b>		Zip <b>33411</b>	
Country <b>us</b>		Country <b>us</b>	
4. FEI Number <b>14-1845909</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>PATEL, AJIT 1679 NEW HAVEN PT OANE WEST PALM BEACH, FL 33411</b>		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when returning)</small>			
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
D PATEL, AJIT 1679 NEW HAVEN PT OANE WEST PALM BEACH, FL 33411		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
D PATEL, SWATI 1679 NEW HAVEN PT OANE WEST PALM BEACH, FL 33411		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: * <u>Swati Patel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2003 (10/02)