## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000007026

Entity Name: UNEMPLOYMENT BENEFITS 4U, INC.

**Current Principal Place of Business:** 

824 LAKE AVE - STE, 201 LAKE WORTH, FL 33460

**Current Mailing Address:** 

P.O. BOX 350395

FT. LAUDERDALE . FL 33335 US

FEI Number: 47-2734412 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEZYK, ROBERT 1845 RODMAN STREET SUITE 2 HOLLYWOOD, FL 33020 US

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:

Electronic Signature of Registered Agent

Date

**FILED** Apr 26, 2018

**Secretary of State** 

CC4959522825

Officer/Director Detail:

VΡ Title Title

WEZYK. ROBERT Name Name COHAN, LEONARD Address 1845 RODMAN STREET Address 2940 N. COURSE DRIVE

SUITE 2 POMPANO BEACH FL 33060

City-State-Zip: City-State-Zip: HOLLYWOOD FL 33020

Title **CFO** Title

Name EICHELHART, BRIAN Name LEVENSON, IRENE G.

1980 WYNFIELD POINT DRIVE Address Address P.O. BOX 350395

BUFORD GA 30519 City-State-Zip: City-State-Zip: FT. LAUDERDALE FL 33335

Title Т

Name LEVENSON, IRENE G 2261 N.E. 62 ST. Address

SIGNATURE: ROBERT WEZYK

City-State-Zip: FT. LAUDERDALE FL 33308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/26/2018