**FILED** 

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90035 042 \*\*\*150.00

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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 167883

1. Corporation Name

BEN PUMO BUILDING CORP.

Principal Place of Business Mailing Address					T 15818( 11913 A)IX) (898) 1918) (8164 )IX, 838/1 919(1 919() 919() 919() 919() 1931
7327 NW MIAMI COURT MIAMI FL 33150-3599		PO BOX 380100 MIAMI FL <del>33138 9998</del> -			DO NOT WRITE IN THIS SPACE
US		us 33238 - 0100			3. Date Incorporated or Qualifed
					02/01/1952
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			<b>59-0667494</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	<u> </u>	<del></del>	Trust Fund Contribution Added to Fees
Zip	Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24	25	29 30			Personal Property Tax. LYes LNo  10. Name and Address of New Registered Agent
<del></del>	9. Name and Address of Curre	nt Registered Agent	81	Name	IV. Marie and Address of New Registers 3. Sent
PUM	o, ben		<u> </u>		
	NW MIAMI CT		82	Street Ad	Address (P.O. Box Number is Not Acceptable)
MAIM	II FL 33150		83		
					lool 75 Oct
			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, th	ne abov	e-named co	corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
•	,,, tarrida inter, and decope in a cong			•	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE: Regis	tered Ager	nt signature requi	quired when reinstating) DATE
12.	OFFICERS A		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
πτιε	VD	DELETE	1.1 TITLE	}	☐ Change ☐ Addition ☐
NAME	PUMO, JERRY		1.2 NAME		
STREET ADDRESS	7327 NW MIAMI CT		1.3 STREE	TADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP	Charge C Addition
TITLE	STD	☐ DELETE	2.1 TITLE		Change Addition
NAME	PUMO, BENNET	L.	2.2 NAME		
STREET ADDRESS	7327 N.W. MIAMI COURT	1	2.3 STREE	TADORESS	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-5	ST-ZIP	Change Addition
TITLE	PD		3.1 TITLE		Corrange Chanding (
NAME	PUMO, BEN		3.2 NAME		
STREET ADDRESS	7327 N W MIAMI CT			TADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4. CITY-5	ST-ZIP	☐ Change ☐ Addition
TITLE	VD PLETI		4.1 TITLE		C Onlarge C Meanson
NAME	PUMO, RUTH		4.2 NAME		
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-S 5.1 TITLE	I-ZIP	Change Addition
TITLE			5.2 NAME		
NAME				T ADDRESS	
STREET ADDRESS		<b>S</b>	5.4 CITY-S	\ \ \	}
CITY-ST-ZIP			6.1 TITLE		Change Addition
TITLE			6.2 NAME	ĺ	
NAME CTDCCT ADDRESS				TADDRESS	

14. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 reservoir or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other tike empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

mik lum