

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90011 009 ***150.00

DOCUMENT # 168783

1. Entity Name

S.F. BENNETT INC.

Principal Place of Business

**PMB #402, 1323 SE 17TH STREET
 FORT LAUDERDALE FL 33316**

Mailing Address

**PMB #402, 1323 SE 17TH STREET
 FORT LAUDERDALE FL 33316**

549742



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1323 SE 17th St.

3. Mailing Address

1323 SE 17th St.

Suite, Apt. #, etc.

PMB #402.

Suite, Apt. #, etc.

PMB #402

City & State

Ft Lauderdale FL.

City & State

Ft Lauderdale

4. FEI Number

59-0673449

Applied For

Not Applicable

Zip

33316

Country

Broward

Zip

FL.

Country

Broward

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MIKELONIS, JOSEPH B
 1516 S ANDREWS AVE
 FT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name **Joanne E HADEMAN MIKELONIS**

Street Address (P.O. Box Number is Not Acceptable)

1222 SE 13th Terr.

City

Ft Lauderdale

FL

Zip Code

33316

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE **P** NAME **MIKELONIS, JAMES** ☒ Delete
 STREET ADDRESS **1222 SE 13TH TERR**
 CITY-ST-ZIP **FORT LAUDERDALE FL** **Dec'd.**

TITLE **P** NAME **MIKELONIS, JOANNE** ☐ Delete
 STREET ADDRESS **1222 SE 13TH TERRACE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)