

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 564467  
1. Entity Name  
W.A. Bentz, Inc

Principal Place of Business Mailing Address  
800 E. Broward Blvd. Suite 101 Fort Lauderdale, FL 33301  
800 E. Broward Blvd. Suite 101 Fort Lauderdale, FL 33301

2. Principal Place of Business 3. Mailing Address  
800 E. Broward Blvd. Suite, Apt. #, etc. #101  
City & State Fort Lauderdale, FL Zip 33301 Country USA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 13 PM 2:52

05-17-01 90289029  
DO NOT WRITE IN THIS SPACE \$61-25

4. FEI Number 59-1786896 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
Name Bentz, William A.  
Street Address (P.O. Box Number is Not Acceptable)  
800 E. Broward Blvd #101  
City Fort Lauderdale FL Zip Code 33301

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	Bentz, William A.	
CITY-ST-ZIP			CITY-ST-ZIP	800 E. Broward Blvd #101	
				Fort Lauderdale, FL 33301	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	Vice-President	
CITY-ST-ZIP			CITY-ST-ZIP	Anderson, Stephen	
				800 E. Broward Blvd. #101	
				Fort Lauderdale, FL 33301	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	Secretary/Treasurer	
CITY-ST-ZIP			CITY-ST-ZIP	Garcia, Dirley N.	
				800 E. Broward Blvd. #101	
				Fort Lauderdale, FL 33301	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] 6/11/01 (954) 522-1498  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)