

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90119 012 ***150.00

DOCUMENT # 691992

1. Entity Name
MONROE NELSON BENAIM, M.D., P.A.

Principal Place of Business Mailing Address
% MONROE N. BENAIM, M.D., P.A. **% MONROE N. BENAIM, M.D., P.A.**
102 COASTAL WAY **102 COASTAL WAY**
JUPITER FL 33477-5002 **JUPITER FL 33477-5002**

2. Principal Place of Business 3. Mailing Address
535 E. Indiantown Rd **P.O. Box 3719**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Jupiter, FL **TEQUESTA FL**
 Zip Country Zip Country
33477 U.S. **33469 U.S.**

4. FEI Number **59-2093089** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BENAIM, MONROE N., MD
102 COASTAL WAY
JUPITER FL 33477

Address
 change →

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
535 E. Indiantown Rd.
 City **Jupiter** **FL** Zip Code **33477**

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, 2002 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	DP			
	BENAIM, MONROE N MD			
	102 COASTAL WAY			
	JUPITER FL			

NEW ADDRESS →

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

535 E. Indiantown Rd
Jupiter, FL 33477

CR2E034 (9/01)

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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 **561 743-4629**
 Date Daytime Phone #