

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707640

1. Entity Name

198 BENEVOLENT, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90009 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O MERVYN ADIRIM  
 1721 S.W. 85 COURT  
 MIAMI FL 33155

C/O MERVYN ADIRIM  
 1721 S.W. 85 COURT  
 MIAMI FL 33155-1046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7079613

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADIRIM, MERVYN  
 1721 S.W. 85 COURT  
 MIAMI FL 33155

Name

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

City

FL

Zip Code

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME ADIRIM, MERVYN  
 STREET ADDRESS 1721 S.W. 85 CT.  
 CITY-ST-ZIP MIAMI FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME SCHWARTZ, SEYMOUR  
 STREET ADDRESS 84 SAULSALITO DRIVE  
 CITY-ST-ZIP BOYNTON BEACH FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  Delete  
 NAME SCHNEIDERMAN, EUGENE  
 STREET ADDRESS 13830 SW 104TH TERRACE  
 CITY-ST-ZIP MIAMI FL 33186

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  Delete  
 NAME HECKER, RICHARD  
 STREET ADDRESS 8893 ODELL DR.  
 CITY-ST-ZIP BOYTON BCH. FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE FSD  Delete  
 NAME LEVINE, EDWARD  
 STREET ADDRESS 5015 SW. 91 AVE.  
 CITY-ST-ZIP MIAMI FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 305 592-1589  
 Date Daytime Phone

CP12E037 (9/99)