

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90295 014 ****61.25

DOCUMENT # **707640**
1. Entity Name
198 BENEVOLENT, INC

DO NOT WRITE IN THIS SPACE

20042537

2. Principal Place of Business
96 Eugene Schweiderman
Suite, Apt. #, etc.
13830 SW 104th TER
City & State
MIAMI FL
Zip
33186 Country

3. Mailing Address
96 Eugene Schweiderman
Suite, Apt. #, etc.
13830 SW 104th TER
City & State
MIAMI FL
Zip
33186 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7079613 Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name

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

City **FL** Zip Code

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended UBR

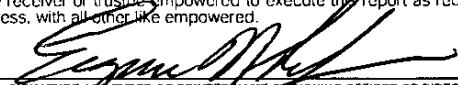
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EUGENE SCHNEIDERMAN 13830 SW 104th TER MIAMI FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARD HECKERL 8893 Odell DRIVE BOYNTON BEACH FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD EDWARD LEVINE 5015 SW 91 AVE MIAMI FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEYMOUR SCHWARTZ 7414 LAKE MEADOW WAY #102 BOYNTON BEACH FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STUART REISE 10133 N.W. 24th PL APT 303 SUNRISE FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/20/05** **305-385-0922**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #