

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90248 048 ****61.25

0027380

DOCUMENT # 707640

1. Entity Name
198 BENEVOLENT, INC.



Principal Place of Business
**C/O MERVYN ADIRIM
1721 S.W. 85 COURT
MIAMI FL 33155**

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

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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida 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 **7414 LAKE MEADOW WAY - #102**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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:

Sig. Mervyn Adirim
PRESIDENT

4/28/03 ³⁰⁵ **264-6682**

CR2E037 (10/02)