

2001 UNIFORM BUSINESS REPORT (UBR)

0007086 AF

DOCUMENT # A00000001789

1. Entity Name

GREG BENSON LIMITED

Principal Place of Business

1897 PALM BEACH LAKES BLVD
SUITE 226
WEST PALM BEACH FL 33409

Mailing Address

1897 PALM BEACH LAKES BLVD
SUITE 226
WEST PALM BEACH FL 33409

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name WARNER + ASSOCIATES, CPA, PA

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

1897 PALM BEACH LAKES BLVD #226

City WEST PALM BEACH, FL Zip Code 33409

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. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME MOOR, ROGER
STREET ADDRESS 1897 PALM BEACH LAKES BLVD SUITE 226
CITY-ST-ZIP WEST PALM BEACH FL 33409

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP 4P14 0000004451570-8
-06/29/01--01039--036
***802.50 ***141.25

DOCUMENT #
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

01 JUN 25 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)