

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000002042

1. Entity Name

THE BENSON DANIS LIMITED PARTNERSHIP

Principal Place of Business

8295 W 20<sup>th</sup> AVENUE  
HIALEAH, FL 33014  
USA

Mailing Address

P.O. BOX 4788  
HIALEAH, FL 33014  
USA

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

65-1062563

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

ROBERT M. HERMAN  
5821 HOLLYWOOD BLVD SUITE 200  
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

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

9. Capital Contributions  
as Shown on record.

10,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

500

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  
STREET ADDRESS  
CITY-ST-ZIP  
SAM BENSON  
8295 W 20<sup>th</sup> AVENUE  
HIALEAH, FL 33014

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STEPHEN DANIS  
8295 W 20<sup>th</sup> AVENUE  
HIALEAH, FL 33014

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

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000003831270--8  
03/12/01 01123 016  
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CITY-ST-ZIP

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

STEPHEN DANIS

3/5/01

Date

305-022-6981

Daytime Phone #

CR2E003 (11/00)