

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008982 AT

DOCUMENT # **A00000002042**

1. Entity Name

**THE BENSON DANIS LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY 28 PM 3:39

4/6/3

Principal Place of Business

**8295 WEST 20TH AVENUE  
HIALEAH FL 33014**

Mailing Address

**P.O. BOX 4788  
HIALEAH FL 33014**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number **65-1062563**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERMAN, ROBERT M  
5821 HOLLYWOOD BOULEVARD, SUITE 200  
HOLLYWOOD FL 33021**

Name

**SAME**

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

**8751 WEST BROWARD BLVD SUITE 109**

City

**PLANTATION**

FL

Zip Code

**33324**

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.

DATE

9. Capital Contributions as Shown on record:

**\$10,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **BENSON, SAM**  
STREET ADDRESS **8295 WEST 20TH AVENUE**  
CITY-ST-ZIP **HIALEAH FL 33014**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME **DANIS, STEPHEN**  
STREET ADDRESS **8295 WEST 20TH AVENUE**  
CITY-ST-ZIP **HIALEAH FL 33014**

STREET ADDRESS  
CITY-ST-ZIP

**400005677414--0**  
**06/04/02-01037-027**  
**\*\*\*\*158.75 \*\*\*\*158.75**

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/02

305-822-6981

Date

Daytime Phone #

CR2E003 (9/01)