

# 2000 UNIFORM BUSINESS REPORT (UBR)

U0X875  
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**DOCUMENT # A93000000179**

**1. Entity Name**  
**BENSON ENTERPRISES, LIMITED**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 FEB 14 AM 11:26

**Principal Place of Business**  
 153 SEVILLA AVENUE  
 CORAL GABLES FL 33134

**Mailing Address**  
 P.O. BOX 140668  
 CORAL GABLES FL 33114-0668  
 US



**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** NOT APPLICABLE ☐ Applied For  
 Not Applicable ☐

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

**6. Name and Address of Current Registered Agent**  
 MJF REGISTERED AGENT CORP.  
 153 SEVILLA AVENUE  
 CORAL GABLES FL 33134

**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.** \$20,000.00 **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 #	F93000000864	STREET ADDRESS	
NAME	BENSON ENTERPRISES LTD. COMPANY	CITY - ST - ZIP	
STREET ADDRESS	4 COLUMBUS CENTER, WICKHAMS CAY, ROAD TOWN		
CITY - ST - ZIP	TORTOLA, BRITISH VIRGIN ISL.		
DOCUMENT #		STREET ADDRESS	nf 2/23/00
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	800003151218--1
NAME		CITY - ST - ZIP	-02/23/00--01031--018
STREET ADDRESS			****237.50 ****237.50
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STREET ADDRESS			
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:** *Michael J. Freeman* **2/10/00** **305-442-1567**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**MICHAEL J. FREEMAN, DIRECTOR, BENSON ENTERPRISES LTD. COMPANY**

CR2E003 (9/99)

A93000000179

Law Offices  
**MICHAEL J. FREEMAN, P.A.**  
153 Sevilla Avenue  
Coral Gables, Florida 33134-6088

Reply to:  
P.O. Box 140668  
Coral Gables, Florida 33114-0668

Tel: (305) 442-1567  
Fax: (305) 442-1227

February 10, 2000

Secretary of State  
Division of Corporations  
Annual Report Section  
P.O. Box #1500  
Tallahassee, Florida 32302-1500

Re: **BENSON ENTERPRISES LIMITED**  
Document #A93000000179

Gentlemen:

Enclosed for filing, please find the following documents for this corporation:

1. Executed 2000 Uniform Business Report;
2. ~~First~~ Account check # 11570 in the amount of \$237.50 representing the filing fee in the amount of \$228.75 and \$8.75 fee for a Certificate of Status.

Please send the Certificate of Status to me at the address above.

Thank you for your courtesies in this matter.

Very truly yours,

  
MICHAEL J. FREEMAN

MJF:lc  
enc.

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