## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT#**

F96000003957

1. Entity Name BENASUTTI, P.C.



**FILED** Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90117 034 \*\*\*150.00

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Principal Place of Business 551 NW 77TH STREET 17294 BERMUDA VILLAGE SUITE 111 BOCA RATON FL 33487  Mailing Address 17294 BERMUDA VILLAGE BOCA RATON FL 33487						PAINE						
2. Principal Pla	ace of Busin	ess ,	3. Mailing Address					1 ( <b>51) (104</b> (51) 104( <b>5</b> 0)(() 104(4 <b>01</b> )	<b>        </b>		<b>                                     </b>	
Suite, Apt. #	, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City			4. FEI Number 23-1976800				oplied For ot Applicable		
Zìp	Country				Coun	Country			Certificate of Status Desired		8.75 Add	litional
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
	ē		~	. *		Name	·	•			•	
BENASUTT	1, FRANK	J			Street Address (P.O. Box Number is Not Acceptable)							
17294 BER	MUDA VIL	LAGE DRIVE	Street Ac				aaress (F	555 (F.O. DOX INUITIDEL IS INCLACCEPTABLE)				
BOCA RAT					•							
<i>:</i>						City	City			FL Zip Code		
The above o	amed entity	submits this statement to	r the purp	ose of changing its	register	d office or	registere	ed ag	ent, or both, in the State of Flo	rida. Lam fa	_L miliar with	and accept
the obligation			, a,o pa.p.	ooo o. changing iio	. 09.0.0	<i>30 3</i> 7100 0.	.09.0.0	ou ug	5.4, 6. 56.4, 1. 1.6 6.5.6 6.1.6			
	<b>-</b>	name of registered agent	and title if anni	licable (NOTE	- Bacistara	d Agent signate	ure required	when re	pinetating)	DATE		
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FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State									Election Campaign Fin     Trust Fund Contribution			<b>0</b> May Be I to Fees
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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 607, 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.

27/03

Daytime Phone #