

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000003473

1. Entity Name
BENCHMARK VIERA PROPERTIES, INC.



Principal Place of Business
4053 MAPLE ROAD
AMHERST, NY 14226

Mailing Address
4053 MAPLE ROAD
AMHERST, NY 14226



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1569062

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000364440
05/06/05-80042-019 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COBS
GELLMAN, ARTHUR M
4053 MAPLE ROAD
AMHERST, NY 14226

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
NARINS, CLARKE H
4053 MAPLE ROAD
AMHERST, NY 14226

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
GELLMAN, GEORGE I
4053 MAPLE ROAD
AMHERST, NY 14226

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAT
LONGO, STEVEN J
4053 MAPLE ROAD
AMHERST, NY 14226

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #