

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90050 035 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # G16634			
1. Entity Name BENAJA CORPORATION			
Principal Place of Business 16800 S.W. 96TH COURT MIAMI FL 33157 US		Mailing Address C/O 18495 S. DIXIE HWY. PMB 102 MIAMI FL 33157-6817 US	
2. Principal Place of Business 17601 SW 87 Ave.		3. Mailing Address Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33157	Country Dade	Zip	Country
6. Name and Address of Current Registered Agent HUGHEY, BONNIE J 16800 SW 96 CT. MIAMI FL 33157		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17601 SW 87 Ave. miami City FL Zip Code 33157	
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. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE </div> <div>DATE 4/30/02</div> </div> <p style="font-size: small;">Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.</p>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete LENHERR-TOEDTJ, ELKE P.O. BOX 12, ESCHNER STRASSE 93 FL-9487 BENDERN, LIECHTENSTE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST <input type="checkbox"/> Delete HUGHEY, BONNIE J PMB 102, 18495 S DIXIE HWY MIAMI FL 33157		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <div style="display: flex; justify-content: space-between;"> <div> Bonnie J. Hughey Vice President </div> <div> 4/30/02 (305) 238-3600 </div> </div> <p style="font-size: x-small;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>			

CR2E034 (9/01)