

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G32222

1. Entity Name

BENEFITS MANAGEMENT ASSOCIATES INC.

FILED

Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90085 049 ***150.00

Principal Place of Business

Mailing Address

5190 NW 167 ST
STE 113
MIAMI FL 33014
US

2711 BELLE CHASE CIR
TAMPA FL 33634-6299
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102

Suite 102

City & State

City & State

Miami FLA

Zip

Country

Zip

Country

33014

USA

4. FEI Number

59-2273073

Applied For

Not Applicable

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

MAYER, GERARD E.
2711 BELLE CHASE CIR
TAMPA FL 33634

Name

GERARD E. MAYER

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

5190 NW 167 STREET

Suite 102

City

Miami

FL

Zip Code

33014

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. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
MAYER, GERARD E.
2842 KILKIERANE DR
TALLAHASSEE FL

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
VS
MAYER, TERILYN C
2842 KILKIERANE DR
TALLAHASSEE FL

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature, typed or printed name of signing officer or director
GERARD E. MAYER

Date
1/24/2000
Daytime Phone #
305 624 2747