

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H28731

1. Entity Name

OBENNA, INC.

Principal Place of Business

4864 SW 72 AVENUE  
MIAMI FL 33155

Mailing Address

6855 SUNRISE DR  
CORAL GABLES FL 33133-7021

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

3734 JUSTISON RD

Suite, Apt. #, etc.

City & State

COCONUT GROVE, FL

Zip

Country

33133

USA

4. FEI Number 59-2469534

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAFAYE, MARTHA  
6855 SUNRISE DRIVE  
CORAL GABLES FL 33133

7. Name and Address of New Registered Agent

Name

3734 JUSTISON RD.

CITY COCONUT GROVE

FL

Zip Code 33133

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

*Martha Lafaye*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-00

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

TITLE P  
NAME LAFAYE, MARTHA  
STREET ADDRESS 6855 SUNRISE DRIVE  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE V  
NAME TURNER, GARY  
STREET ADDRESS 6855 SUNRISE DRIVE  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE ST  
NAME WALSH, S. LYNN  
STREET ADDRESS 7455 S.W. 164 ST.  
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST  
NAME  
STREET ADDRESS 3734 JUSTISON RD.  
CITY-ST-ZIP COCONUT GROVE, FL 33133 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*Martha Lafaye*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

Daytime Phone #

305-661-2081

CR2/E034 (9/99)