

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J35470

1. Entity Name

BENJAMIN FRIEDMAN & ASSOCIATES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90064 040 ***150.00

Principal Place of Business

18151 NE 31ST CT
 PENTHOUSE 117
 AVENTURA FL 33160

Mailing Address

18151 NE 31ST CT
 PENTHOUSE 117
 AVENTURA FL 33160-1914

00047001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3520 Oaks Way # 909
 Suite, Apt. #, etc.

3. Mailing Address

3520 Oaks Way # 909
 Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

59-2727628

Applied For

Not Applicable

Zip

33069

Country

BROWARD

Zip

33069

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, BENJAMIN
 18151 NE 31ST CT
 PENTHOUSE 117
 AVENTURA FL 33160

7. Name and Address of New Registered Agent

Name

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

3520 Oaks Way # 909

City

Pompano Beach

FL

Zip Code

33069

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, BENJAMIN	
STREET ADDRESS	18151 NE 31ST PH117	
CITY-ST-ZIP	N MIAMI BCH FL 33160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, BENJAMIN	
STREET ADDRESS	18151 NE 31 CT PH 117	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3520 Oaks Way # 909	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3520 Oaks Way # 909	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/00