


DOCUMENT # J51091

1. Entity Name
BENCHMARK PROPERTY MANAGEMENT, INC.



Principal Place of Business
7932 WILES RD.
CORAL SPRINGS, FL 33067

Mailing Address
7932 WILES RD.
CORAL SPRINGS, FL 33067

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
SUGARMAN, WILLIAM
7932 WILES ROAD
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUGARMAN, WILLIAM 7932 WILES ROAD CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUGARMAN, BARBARA 7932 WILES ROAD CORAL SPRINGS, FL 33067	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T SUGARMAN, BARBARA 7932 WILES ROAD CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V SUGARMAN, DANIEL 7932 WILES ROAD CORAL SPRINGS, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S KASEN, SHARON 7932 WILES ROAD CORAL SPRINGS FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William Sugarmen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/06
Date Daytime Phone #

Secretary of State

03-10-2006 90020 043 ***150.00

50002158



02132006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2837328

Applied For
Not Applicable

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