

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J 76855

1. Entity Name

BEN THM ENTERPRISES INC



APPROVED
AND
FILED

03 AUG 11 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500022661825

08/23/03--01026--009 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5698 HAINES ROAD

3. Mailing Address

5698 HAINES ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FLORIDA

City & State

ST. PETERSBURG, FLORIDA

Zip

33714

Country

U.S.A.

Zip

33714

Country

U.S.A.

4. FEI Number

592822687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BENJAMIN THM

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

5698 HAINES ROAD

City

ST. PETERSBURG

FL

Zip Code

33714

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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 | PRESIDENT BENJAMIN THM 5698 HAINES ROAD ST. PETERSBURG, FLORIDA 33714 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY QING HUA THM 5698 HAINES ROAD ST. PETERSBURG, FLORIDA 33714 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

13 THM, President

BENJAMIN THM

PRESIDENT

8-7-2003

727-525-2784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)