| Benowards Linkowskie Services in Serv | 2001 UNIFORM BI | USINESS REPO | DRT (UBR) | 4/16/ FILED | |
|---|--|--|--|--|--|
| | 1. Entity Name | | | May 05, 2001 8:00 a Secretary of State | |
| | | s, inc. | | 04-16-2001 90282 005 ***150.00 | |
| Subscription of the second of | | Mailing Address | • | | |
| Suite. Act. 4. etc. Suite. Act. 4. etc. Do NOT Writte IN THIS SPACE City & State City & Ci | 54 NW 13 CT | FT LAUDERDALE FL 33316 | | | |
| City & State City & City & City & State City & City & City & State City & | Principal Place of Business | 3. Mailing Address | | | |
| Country Description Stress Address of Current Registered Agent Name 0: Name Stress Address of Current Registered Agent Name 0: Name Name Stress Address of New Registered Agent 0: Name Name Name 0: Stress Address of Current Registered Agent Name 0: Name Name 0: Stress Address (FO, Box Humber is Net Addres (FO, Box Humber is Net Addres (FO, Box Humber is Net Address (F | Suite, Apt. #, etc. | Suite, Apt. #, etc. | · · | DO NOT WRITE IN THIS SPACE | |
| | City & State | City & State | <u></u> | | |
| C. Name and Address of New Registered Agent C. Name and Address of New Registered Agent Name DESANTI, ROBERT eS54 NW 13 CT FT LAUDERDALE FL 33313 City FL Zip Code City City FL Zip Code City City FL Zip Code City FL Zip Code City FL Zip Code City City FL Zip Code City City FL Zip Code City City City FL Zip Code City | Zip Country | Zip | 1 . | | |
| DESANTI, ROBERT 6554 NW 13 CT FT LAUDERDALE FL 33313 Street Address (P.O. Box Number is Not Acceptable) | 6. Name and Address of Cr | urrent Registered Agent | Name | | |
| BESA NW 13 CT FT LAUDERDALE FL 33313 Chy FL Zip Code Chy Signatal lase or draine navo in registered agent, or booth, in the State of Florida. Chy Signatal lase or draine navo in registered agent, or booth, in the State of Florida. Chy Signatal lase or draine navo in registered agent, or booth, in the State of Florida. Chy Signatal lase or draine navo in registered agent, or booth, in the State of Florida. Chy Signatal lase or draine navo in registered agent, or booth, in the State of Florida. Chy Signatal lase or draine navo in registered agent, or booth, in the State Chy Signatal lase or draine navo Chy Signatal lase or Chy Signatal lase or Chy S | 6554 NW 13 CT | | | ess (P.O. Box Number is Not Acceptable) | |
| City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. Image: City | | | 5 | | |
| | | | City | | |
| SCINATURE Secure 1 Secure 1 <t< td=""><td></td><td></td><td></td><td></td></t<> | | | | | |
| Int_E D Detain Int_E To seph 6 Alcchell 9 Change 224dation WAVE Street ADDRESS 6554 NW 13 CT Street ADDRESS GT 5'4 NUL 1244. 0 + GT 5'4 NUL 1244. 0 + Int_E Street ADDRESS CITY-ST-2P F# LANDERDALE FL GT 5'4 NUL 1244. 0 + Street ADDRESS Int_E D Delate Int_E KAVE Street ADDRESS GT 5'4 NUL 1244. 0 + Street ADDRESS Int_E D Delate Int_E CA 4h eain e. Change 24Addition MAVE Street ADDRESS Street ADDRESS Street ADDRESS GT 5'4 NUL 13'4'. 0 + Int_E DESANT, LOUIE Street ADDRESS Street ADDRESS GT 5'4 NUL 13'4'. 0 + Int_E Delate Int_E Street ADDRESS GT 5'4 NUL 13'4'. 0 + Gt 4'//////////////////////////////////// | Tax filing requirement and elects to do so. | After MAY 1, 2 | 2001 Fee will be \$550.0 | .00 Trust Fund Contribution Added to Fees | |
| Internet Internet <td< th=""><th></th><th>· · · · · · · · · · · · · · · · · · ·</th><th></th><th></th></td<> | | · · · · · · · · · · · · · · · · · · · | | | |
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| WAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete MAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP ITTLE INTECT ADDRESS CITY-ST-ZIP IS Intereby 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 ceth; 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. | NAME STREET ADDRESS | Delete | NAME STREET ADORESS | Change C 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. | NAME STREET ADDRESS | Delete | NAME STREET ADDRESS | Change Addition | |
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| SIGNATURE: 4/10/2001 791-3000 | signature: | epon is irue and accurate and ina e empowered to execute this repo dress, with all other like empowere | t my signature shall have on as required by Chapte ad. | the same legal effect as it made under dath, that I am an officer or director. | |