

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K44040

1. Entity Name

BENEFIT REALTY, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90173 006 ***150.00

Principal Place of Business

Mailing Address

1800 W. 49 ST.
324-J
HIALEAH FL 33012
US

1800 W. 49 ST.
324-J
HIALEAH FL 33012-2900
US

2. Principal Place of Business

1800 W. 49 ST.

3. Mailing Address

1800 W 49 ST

Suite, Apt. #, etc.

324-F

Suite, Apt. #, etc.

324-F

City & State

HIALEAH FL

City & State

HIALEAH FL.

Zip

33012

Country

MIAMI DADE

Zip

33012

Country

MIAMI DADE

6. Name and Address of Current Registered Agent

GARCIA, MIGUEL E.
1800 W. 49 ST., STE. 324-J
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name GARCIA MIGUEL E.
Street Address (P.O. Box Number is Not Acceptable)
1800 W 49 ST.
324-F
City HIALEAH FL Zip Code 33012

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 MIGUEL E. GARCIA

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

(NOTE: Registered Agent signature required when reinstating)

4/11/00
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 PTV
NAME GARCIA, MIGUEL E. ☐ Delete
STREET ADDRESS 1900 W. 54 STREET #306
CITY-ST-ZIP HIALEAH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTV ☒ Change ☐ Addition
NAME GARCIA MIGUEL E.
STREET ADDRESS 1335 W 49 PL. #319
CITY-ST-ZIP HIALEAH FL 33012

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

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

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

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

TITLE ☐ Change ☐ 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: MIGUEL E. GARCIA 4/11/00 305-824-3000
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)