

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90190 006 \*\*\*158.75

**DOCUMENT # K59130**

1. Entity Name

**ALEXANDER BENJAMIN CORPORATION**

Principal Place of Business 901 S PARK RD #108 HOLLYWOOD F 33021 US	Mailing Address 901 S PARK RD #108 HOLLYWOOD FL 33021-8752 US
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00004340



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>901 S. PARK RD.</b>	3. Mailing Address <b>901 S. PARK RD.</b>
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Suite, Apt. #, etc. <b>#101</b>	Suite, Apt. #, etc. <b>#101</b>
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City & State <b>HOLLYWOOD, FL</b>	City & State <b>HOLLYWOOD, FL</b>
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Zip <b>33021</b>	Country <b>USA</b>	Zip <b>33021</b>	Country <b>USA</b>
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4. FEI Number <b>65-0196985</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**ANTON, TRACY S**  
**901 S. PARK RD**  
**#108**  
**HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name: **TRACY S ANTON**  
 Street Address (P.O. Box Number is Not Acceptable):  
**901 S. PARK RD.**  
**#101**  
 City: **HOLLYWOOD FL** Zip Code: **33021**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ANTON, TRACY S.</b> <b>901 S PARK RD. (#108)</b> <b>HOLLYWOOD FL 33021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ANTON, JARED</b> <b>901 S. PARK RD, #108</b> <b>HOLLYWOOD FL 33021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>APT #101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tracy S Anton **TRACY S ANTON** 1-12-00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #