

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K88351**

1. Entity Name
BENTEL ENTERPRISES CORPORATION

Principal Place of Business
6564 N.W. 172ND LANE
MIAMI GARDENS FL 33015

Mailing Address
6564 N.W. 172ND LANE
MIAMI GARDENS FL 33015

2. Principal Place of Business
10411 SW 16 ST

3. Mailing Address
10411 SW 16 ST

Suite, Apt. #, etc.

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90290 003 ***150.00



DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES FL

City & State
PEMBROKE PINES FL

Zip **33025** Country **USA**

Zip **33025** Country **U.S.A.**

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BENNETT, MAURICE
6564 N.W. 172ND LANE
MIAMI GARDENS FL 33015

7. Name and Address of New Registered Agent

Name **BENNETT, MAURICE**

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

10411 SW 16 ST.

City **PEMBROKE PINES** FL Zip Code **33025**

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

Maurice Bennett MAURICE BENNETT

4/24/02

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

(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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BENNETT, MAURICE 6564 N.W. 172ND LN. MIAMI GARDENS FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BENNETT, MAURICE 10411 SW 16 ST PEMBROKE PINES FL. 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BENNETT, NIDIA 6564 N.W. 172ND LN. MIAMI GARDENS FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BENNETT, NIDIA 10411 SW 16 ST PEMBROKE PINES, FL. 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:

Maurice Bennett MAURICE BENNETT 4/24/02 954-602-5099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #