2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Aug 17, 2000 8:00 am
Secretary of State

07-18-2000 90087 039 ***150.00

DOCUMENT # L41288

1. Entity Name
SELECTIVE BENEFITS, INC.

R

Principal Place of Business	Mailing Address
6175 LELAND AVE. PALM BEACH GARDENS FL 33418	6175 CELADON CIRCLE 701 US HWY 1, STE 401 PALM BEACH GARDENS FL 33418 US

2. Principal Place of Business	3. Mailing Address
6175 Celadon Circle	6175 Celadon Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach Gardens, FL	City & State: Palm Beach Gardens, FL
Zip: 33418 / Country: US	Zip: 33418 / Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0173406 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDSTEIN, MARTHA 6175 COLEDON CIRCLE PALM BEACH GARDENS FL 33418	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	PVP GOLDSTEIN, MARTHA 6175 CELADON CIRCLE PALM BEACH GARDENS FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Martha Goldstein (MARTHA Goldstein) 7/7/00 561-622-2014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

100/11 PM 1 E3

P' → Selective Benefits, Inc. # L41288

Doc# L41288
7/7/00 309263

To: Dept of Corporations:

Please be advised that I never received 1st Notice of Corp. Filing. Paid correct address & mailing address had double address. Per conversation with Cynthia today I am sending filing fee check of 150.00.

Thank you.
Martha Goldstein

8/4/00

attention:

Spoke with your department today and was advised to re-submit this letter as it became detached from Business Report.

The Problem of double address still exists.

Waiting for a reply -

Thank you
Martha Goldstein