

2000 UNIFORM BUSINESS REPORT (UBR)

05-31-2000 908751028 ***71175

APPROVED AND FILED

00 JUL -5 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L73500

1. Entity Name
THE BENAMI CORPORATION

Principal Place of Business NW 62ND STREET FL 33166	Mailing Address 9720 PINES BLVD. PEMBROKE PINES FL 33024-6228 US
---	---

2. Principal Place of Business	3. Mailing Address
City, Apt. #, etc	State, Apt. #, etc
City & State	City & State

4. FEI Number 65-0205188	Applied Fee Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NANKE, LOREN
1670 W. SANDPIPER CIRCLE
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name: RALPH FEINSTEIN
Street Address (P.O. Box Number is Not Acceptable): 15681 NW 12TH STREET
City: PEMBROKE PINES FL Zip Code: 33028

The above named entity submits this application for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature: RALPH FEINSTEIN Date: 5/9/00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD FEINSTEIN, RALPH 107 HALF MOON CIRCLE HYPOLOUXO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15681 NW 12TH PLACE PEMBROKE PINES, FL 33028
SD FEINSTEIN, DYLCIA 107 HALF MOON CIRCLE HYPOLOUXO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15681 NW 12TH PLACE PEMBROKE PINES, FL 33028
VD NANKE, LOREN 1670 SANDPIPER CIRCLE PEMBROKE PINES FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 an other like empowered

SIGNATURE: RALPH FEINSTEIN Date: 5/9/00 Telephone: 305-599-7110