

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93560

1. Entity Name

BENEDETTI FURNITURE, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90106 005 ***150.00

Principal Place of Business

3280 COMMERCIAL WAY
SPRING HILL FL 34606

Mailing Address

3280 COMMERCIAL WAY
SPRING HILL FL 34606-2615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3037748

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

BENEDETTI, GERARDA
3280 COMMERCIAL WAY
SPRING HILL FL 34606

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11H

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	BENEDETTI, JOHN C	6890 TREEHAVIN DRIVE SPRINGHILL FL 34606	
	DP	BENEDETTI, GERARDA	6890 TREEHAVIN DRIVE SPRINGHILL FL 34606	
	VDP	BENEDETTI, CARMINE J	11471 SPRINGHILL DRIVE SPRINGHILL FL 34606	
	SD	BENEDETTI, PAOLINO	6890 TREEHAVIN DRIVE SPRINGHILL FL 34606	
	TD	BENEDETTI, MARIO	6890 TREEHAVIN DRIVE SPRINGHILL FL 34606	

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: *Gerarda Benedetti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GERARDA BENEDETTI 3-3-2000

CR2E034 (9/99)