

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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00 APR 13 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MMJM

DOCUMENT # L94000000111

1. Entity Name
BENA, LC

Principal Place of Business
10300 SUNSET DRIVE, STE. 135
MIAMI FL 33173

Mailing Address
10300 SUNSET DRIVE, STE. 135
MIAMI FL 33173-3038

2. Principal Place of Business
2581 MAYFAIR LANE
Suite, Apt. #, etc.

3. Mailing Address
2581 MAYFAIR LANE
Suite, Apt. #, etc.

City & State
WESTON FL

City & State
WESTON FL

4. FEI Number 65-0474771

Applied For
Not Applicable

Zip 33327 Country BROWARD

Zip 33327 Country BROWARD

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASTROFF, NANCY G
10300 SUNSET DRIVE, STE. 135
MIAMI FL 33173

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000003239710--1
-05/04/00--01076--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME PASTROFF, EDWARD
STREET ADDRESS 6420 S.W. 50TH ST.
CITY- ST- ZIP MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE MGRM
NAME PASTROFF, NANCY G
STREET ADDRESS 6420 S.W. 50 STREET
CITY- ST- ZIP MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE MGRM
NAME DAVIS, ALAN J
STREET ADDRESS 2581 MAYFAIR LANE
CITY- ST- ZIP WESTON FL 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE MGRM
NAME DAVIS, BARBARA H
STREET ADDRESS 2581 MAYFAIR LANE
CITY- ST- ZIP WESTON FL 33327 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-11-00 305.266.0566

Date

Daytime Phone #

CR2E083 (9/99)