

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000001807 (5)**

1. Corporation Name

**BETTER JUSTICE BUREAU, INC.**



Principal Place of Business

**6175 NW 153 STREET #230  
MIAMI LAKES FL 33014**

Mailing Address

**6175 NW 153 STREET #230  
MIAMI LAKES FL 33014**

3. Date Incorporated or Qualified  
**04/10/1995**

3a. Date of Last Report

**N/A**

2. Principal Place of Business

2a. Mailing Address

21 **6175 NW 153 ST.**

26 **6175 NW 153 ST.**

4. FEI Number

Applied For  
☒ Not Applicable

22 Suite, Apt. #, etc.  
**#121**

27 Suite, Apt. #, etc.  
**#121**

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

23 City & State  
**MIAMI LAKES, FL**

28 City & State  
**MIAMI LAKES, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip  
**33014**

25 Country  
**USA**

29 Zip  
**33014**

30 Country  
**USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BENSON, MARK  
6175 NW 153 STREET #230  
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81 Name **BENSON, MARK**  
82 Street Address (P.O. Box Number is Not Acceptable) **6175 NW 153 ST.**  
83 **#121**  
84 City **MIAMI LAKES** FL 85 Zip Code **33014**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DALMAU, RICHARD M</b>	
STREET ADDRESS	<b>7436 SW 17 AVENUE #219</b>	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BENSON, MARK</b>	
STREET ADDRESS	<b>6175 NW 153 STREET #230</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHANIN, HERMAN</b>	
STREET ADDRESS	<b>20450 NE 15 COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FONSECA, TONY</b>	
STREET ADDRESS	<b>1844 NW 124 AVENUE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>6175 NW 153 ST. #121</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**RICHARD DALMAU**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)