

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000655

1. Entity Name

PALM BEACH NIKKEN INDEPENDENT DISTRIBUTORS ASSOC

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90029 001 \*\*\*\*61.25

Principal Place of Business

1000 WEST MCNAB ROAD  
POMPANO BEACH FL 33069

Mailing Address

1000 WEST MCNAB ROAD  
POMPANO BEACH FL 33069

2. Principal Place of Business

635 WEST DRIVE

Suite, Apt. #, etc.

3. Mailing Address

635 WEST DRIVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH FL

Zip

33445

Country

US

City & State

DELRAY BEACH FL

Zip

33445

Country

US

4. FEI Number

65-0891642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PERRELLA, TED  
1000 WEST MCNAB ROAD  
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name RICHARD GARLEN

Street Address (P.O. Box Number is Not Acceptable)

635 WEST DRIVE

City DELRAY BEACH

FL

Zip Code 33445

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 Richard Garlen RICHARD GARLEN

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

(NOTE: Registered Agent signature required when reinstating)

8/21/00

DATE

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/P ☒ Change ☐ Addition  
NAME KENNY BENKO  
STREET ADDRESS 4032 OLD GERMANTOWN ROAD  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D/V ☒ Change ☐ Addition  
NAME JILL WEINBERG  
STREET ADDRESS 7675 159TH COURT NORTH  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D/T ☒ Change ☐ Addition  
NAME STAN COHEN  
STREET ADDRESS 4899 PINEVIEW CIRCLE  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D/S ☒ Change ☐ Addition  
NAME PAULA NICOLETTI  
STREET ADDRESS 313 TENTH STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: Kenny Benko REQUIRED KENNY BENKO 8/21/00 561-637-9316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)