2001 UNIFORM BUSINESS REPORT (UBR)

Mar 26, 2001 8:00 am DOCUMENT # P0000012375 **Secretary of State** BENTON DEVELOPMENT, INC. 03-26-2001 90056 006 ***150.00 Principal Place of Business Mailing Address 200 SOUTH BIRCH RD, SUITE 210 200 SOUTH BIRCH RD. SUITE 210 FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0978016 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Robert S. Forman, Esquire SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 2101 W. Commercial Blvd., Suite 4100 343 ALMERIA AVENUE CORAL GABLES FL 33134 Fort Lauderdale Zip Code 33309 City 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. 3/20/01 SIGNATURÉ ROBET Libed'S printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 9. This corporation is eligible to satisfy its intangible y FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) 🤲 Make Check Payable to Department of State CR2E034 (10/00) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1 60 **PSTD** TITLE ☐ Change TITLE ☐ Delete BENTON, CORNELIUS L NAME NAME STREET ADDRESS 200 SOUTH BIRCH RD, SUITE 210 STREET ADDRESS CITY-ST-ZIP City-St-7!P FT LAUDERDALE FL 33316 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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 than the components.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND SEPON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CORNEL TO BENTON, President

3/20/01

954-658-7177

Daytime

Daytime Phone #