04/10/01 TUE 13:02 FAX 305 531 8107 UPB: FISHER ISLAN
APR-10-01 TUE 12:05 PM MOYA ASSOCIATES INC FAX NO.

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90306 050 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012461

1. Entity Name
BENJI INTERNATIONAL PROPERTIES, INC.

C0049501
[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
82 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024	82 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024

2. Principal Place of Business	3. Mailing Address
208 N. university drive	208 N. university drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines FL	City & State: Pembroke Pines FL
Zip: 33024 / Country: USA	Zip: 33024 / Country: USA

4. FEI Number: 65-0982797 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SERFATY, CHARLES S
4330 SHERIDAN ST., SUITE 202B
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent
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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MIMRAN, BENJAMIN 82 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024	☐ 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
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CR2E034 (10/00)

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: ______ 2/8/01 954-433-3930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #