# Nacos N

## 2001 UNIFORM BUSI :SS REPORT (UBR)

## FILED Jul 18, 2001 8:00 am Secretary of State

DOCU 1. Entity Nan BEN 62,		013999		J		<b>tary of S</b> 01 90122 018 ***		
Principal Plac	ee of Business	Mailing Address			1	1 * 4	T J J	
757 N.W. 27TH MIAMI FL 3312	AVE., SUITE 204 · 5	757 N.W. 27TH AVE., SUIT MIAMI FL 33125	E 204					
2. Principal F	Place of Business	3. Mailing Address	<del></del>					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>			DO NOT WRITE IN THI		1014 1984
City & Stat	e	City & State			4. FEI Number	13354	<del></del>	pplied For ot Applicable
Zip	Country	Zip	Country	<u> </u>	5. Certificate of St.		\$8.75 Ad Fee Require	ditional
	6. Name and Address of Current	Registered Agent		Name	7. Name and Add	ress of New Registere	d'Agent	
757	le, Benjamin D N.W. 27th Ave., Suite 204 Mi Fl 33125		<u> </u> _		(P.O. Box Number is 1	Not Acceptable)		
			-	Dity		F	Zip Cod	le
8. The above	named entity submits this statement for	r the purpose of changing its	registered o	office or registe	ered agent, or both, in	the State of Florida.		
Tax filing i	Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible requirement and elects to do so, ria on back)		III EE IS	ent signature require \$150.00 = 1156.3550.00	40 5	DATE Campaign Financing and Contribution.	\$5.0	0 May Be
11.	OFFICERS AND I	The state of the s	12.	Taries Con St		NGES TO OFFICERS A	ND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILALE, BENJAMIN D 757 N.W. 27TH AVE., SUITE 204 MIAMI FL 33125	☐ Delete	TITLE NAME STREET AI CITY-ST-	DDRESS ZIP AJ	·	NJAMI D. AUE, 7720 33/25	57.0	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2	ı			☐ 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 trubble 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: 📐

AME OF SIGNING OFFICER OR DIRECTOR

3-12-2001 (786) 493-1811

JUL-12-01 02:06 PM BEN.62.INC.

3052492972

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#P0000013999

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BEN 62 INC 20533 BISCAYNE BLVD 250 MIAMI, FLORIDA 33180-1529 2150011328

STATEMENT PERIOD BEGINNING: 04/30/01 ENDING: 05/31/01

CYCLE-131

70221

28

"HAVE YOU TOLD A FRIEND HOW GREAT IT IS TO BANK HERE?"
EARN \$5.00 EACH TIME A NEW ACCOUNT IS OPENED. SEE A UP
BANKER FOR ALL-THE-DETAILS."

SUMMARY FOR UPBASIC BUSINESS CHK # 2150011328

1	PREVIOUS BALANCE	(+) 6 CREDITS	1-	22 DEBITS	(-) SERVICE CHARGE,	(=) ENDING (BIT MCE)
	6,958.86	11,824.75		12,894.21	8.00	5,881.40

### DEPOSITS AND OTHER CREDITS

	AMOUNT	DESCRIPTION	
05/11 05/14 05/17 05/21 05/21 05/31	2,950.00 49.75 3,000.00 2,000.00 3,325.00 500.00	DEPOSIT DEPOSIT DEPOSIT DEPOSIT DEPOSIT DEPOSIT DEPOSIT	224 1242640036 72 224 124275 1 1090 1 224 124275252 1 73 224 124275454603 224 124264663354 224 124265290938

### OTHER DEBITS

	ACA	DESCRIPTIO	N	
-	05/31 8.00	CYCLE SERVICE CHARGE		060060001007517

### CHECKS PRESENTED FOR PAYMENT

Mr.	9К.7	ANCINT	FILM #	DATE	CHK #	AMOUNT	
05/01 05/04 05/18 05/10 05/07 05/04 05/11 05/10 05/18 05/17 05/15	1145 1147* 1148 1149 1150 1151 1152 1153 1154 1155 1157*	128.88 1,000.00 150.00 164.82 1,246.88 73.60 300.00 99.50 2,005.00 2,225.00 49.75	224 1242633754 14 224000263589789 224000264647804 224 124275007095 224000263752248 224 124274592883 224 124264027798 224 124264617620 224 124264555066 224 124264269056	05/17 05/29 05/29 05/31 05/25 05/29 05/22	1158 1161* 1162 1163 1165* 1166 1168* 1169 1170 1171	49.75 141.50 140.00 2,325.00 734.52 300.00 128.00 173.01 1,000.00 375.00 84.00	224 124264269069 224 1242646 15351 224 12427527375 224 124264555045 224000265 161173 15 224 12426532 1766 224 12427575 1578 224 124265092584 224 1242760207

\* - PREVIOUS CHECK(S) NOT PRESENTED THIS STATEMENT PERIOD

#### DAILY BALANCE SUMMARY

. !	THE WAY TO		BALANCE	DATE	BALANCE	DATE	i Maret	<b>MATE</b>	
00/	04/30 6,958.86	05/01	6,829.98	05/04	5,756.38	05/07	4,509.50	05/10	4,245.1 <b>8</b>
	05/11 6,895.18	05/14	6,944.93	05/15	6,845.43	05/17	5,155.43	05/18	2,858.9 <b>3</b>
	05/21 8,183.93	05/22	7,808.93	05/25	7,635.92	05/29	5,601.40	05/31	5,881.4 <b>0</b>

Received: 7/12/01 2:08PM;

3052492972 -> Hoyos & Aguilar, P.A.; Page 2

JUL-12-01 02:07 PM BEN.62.INC.

3052492972

P.02

MEN 82 INC.  ONE HUNDED FIFTY AND 00/100 -  ALBON PANTER BANK  J PODOG CO 13 999  *001148* 1:05 70084 445 * 24 500 4 53 28	000000000000000000000000000000000000000	#P0000
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AME					C) extraction	CHG DEC
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The Currier for all parcels accepted by "us") shall be UPS unless otherwise has accepted from Customer ("you") a the Carrier.	this Mall Boxes Etc.Center ("wooled (Other lare subject to refusal for shipme illegal items or articles of unusu	Carrier's packing standa you acknowledge that Compression have been liability for damages to a	der. Parcels packaged by irds are not covered for dama packaging standards for S explained by us. We assume parcel packaged by you: any ou may be covered only for	no during shipment. hock, Vibration, & no responsibility or such parcels that	TAX /	1

CR2E034 (5/01)

2001	UNI	FOR	M I	BUS	INESS	REPO	RT	(UBF	ł)
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DOCUI 1. Entity Nam BEN 62, I	ne	00013999		-•'	Atta	apuse	m
Principal Plac	e of Business	Mailing Address			hott "	DAIKO	} .
757 N.W. 27TH MIAMI FL 331:	h ave Suite 204 25	757 N.W. 27TH AVE SUI MIAMI FL 33125	TE 204		ISLE!	1445	
4 Dringing) D	Place of Business	3. Mailing Address					
2. Principal P	nace of business	<u> </u>					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE	
City & State	е	City & State		4.	FEI Number	, Applied Not Ap	d For plicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$9.75 Addition	<del></del>
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Regist	tered Agent	
Linaie d	BENJAMIN D		Name				_
	27TH AVE., SUITE 204		Street Add	ess (P.O. I	Box Number is Not Acceptable)		
MIAMI FL							,
			City			FL Zip Code	
8. The above	named entity submits this statement for	r the purpose of changing its	registered office or re	gistered ag	gent, or both, in the State of Florida.		
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signature r	equired when i	reinstating)	DATE	_
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!	!! FEE IS \$550.00				
Tax filing r	requirement and elects to do so.				10 Election Campaign Financia	na <b>ee na .</b> ,	au Da
	· ·	After September 12 Make Check Payat			<ol> <li>Election Campaign Financir Trust Fund Contribution.</li> </ol>	ng <b>\$5.00</b> M □ Added to F	
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recovering that the information supplied with this litting does not quality 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:

Date

Daytime Phone #