

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058365

1. Entity Name

BENEFICIAL OPPORTUNITY ALLIANCE CORP.

Principal Place of Business

Mailing Address

207 MASON STREET, #105
BRANDON FL 33511

P.O. BOX 671
VALRICO FL 33595

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3504303

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIELDS, CYNTHIA
207 MASON STREET, #105
BRANDON FL 33511

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
C
FIELDS, ROGER
1809 CHAPEL TREE CIRCLE, #E
BRANDON FL 33511

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FIELDS, JEREMY
207 MASON STREET, #105
BRANDON FL 33511

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
FIELDS, HAROLD
1809 CHAPEL TREE CIRCLE, #E
BRANDON FL 33511

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
ST
FIELDS, CYNTHIA
207 MASON STREET, #105
BRANDON FL 33511

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CITY-ST-ZIP

☐ 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 like empowered.

SIGNATURE:

Cynthia Fields

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01

Date

(813) 262-4746

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90124 049 ***150.00

D0052602



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)