

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071656

1. Entity Name

BENEFIT MAKERS INC

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90269 011 ***158.75

0181922

Principal Place of Business

1820 SW 18 ST
MIAMI FL 33145

Mailing Address

1820 SW 18 ST
MIAMI FL 33145

2. Principal Place of Business

AS ABOVE

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEL Number

65-1041808

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LORENZO, RITA
1820 SW 18 ST
MIAMI FL 33145

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

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

TITLE ☐ Delete
NAME D LORENZO, RITA
STREET ADDRESS 1820 SW 18 ST
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Delete
NAME D GUERRA, CANDIDA
STREET ADDRESS 3171 SW 16TH TER
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/01

Date

305 285.9129

Daytime Phone #

00000000

Attachment
Off # P00000071656
A0083890

August 28, 2001

Division of Corporations
Katherine Harris
P.O. Box 6327
Tallahassee, Florida 32314

Re: Benefit Makers, Incorporated
2001 - UBR

Dear Ms. Harris:

I write in hopes that you might be able to help me with the impending issue regarding my corporation which was formed just last year.

Since last December, I had been tending to my father, Felix Lorenzo, because his health was rapidly deteriorating due to cancer. In January he was hospitalized, underwent surgery, and subsequently passed away in February.

The person who had been helping out in my office says that she never received the report which I imagine came in prior to May....I found it after May, and after that, received another report requesting that payment be made prior to September since no payment was made by May. I respectfully request that you accept my payment for \$150.00 since I was going through the most trying of times at the time this payment was due. My sales, which are in the insurance arena, became non-existent during the first part of this year and my income has decreased by more than half.

I am enclosing a copy of my father's death certificate, and again, respectfully request that you find it in your heart to help me since my family's financial well-being depends solely on my income. I am a widow and have two children in school. I have faith that my business will become successful; however, I am barely starting out.

Sincerely,



Rita Lorenzo
President, Benefit Makers, Inc.