

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90003 004 ***150.00

DOCUMENT # P00000072438

1. Entity Name
BENCHMARK CONSTRUCTION MANAGEMENT, INC.

Principal Place of Business
21435 SW 90 PLACE
MIAMI FL 33189

Mailing Address
21435 SW 90 PLACE
MIAMI FL 33189

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1030681

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

WADI, RASHID A. M
21435 SW 90 PLACE
MIAMI FL 33189

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **WADI, RASHID A. M**
STREET ADDRESS **21435 SW 90 PLACE**
CITY-ST-ZIP **MIAMI FL 33189**

TITLE **VICE-PRESIDENT (AM)** ☒ Change ☐ Addition
NAME **WADI, RASHID A. M.**
STREET ADDRESS **21435 SW 90 PLACE**
CITY-ST-ZIP **MIAMI, FL 33189**

TITLE **VD** ☐ Delete
NAME **WALLACE, THOMAS D**
STREET ADDRESS **2061 NW 96 TERRACE, APT. K**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **ELLY W. SIREGAR**
STREET ADDRESS **21435 SW 90 PLACE**
CITY-ST-ZIP **MIAMI, FL 33189**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 REQUIRED
RASHID A. M. WADI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 JAN 02 305.252.0491
 Date Daytime Phone #

CR2E034 (9/01)