


05-01-2003 90817 002 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

00100000

<b>DOCUMENT # P00000072438</b>					
1. Entity Name <b>BENCHMARK CONSTRUCTION MANAGEMENT, INC.</b>					
Principal Place of Business 2121 BARCELONA WAY SOUTH ST. PETERSBURG, FL 33712			Mailing Address 2121 BARCELONA WAY SOUTH ST. PETERSBURG, FL 33712		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1030681</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent <b>WADI, RASHID A. M 21435 SW 90 PLACE MIAMI, FL 33189</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number Is Not Acceptable)		
			City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NONE Required Agent's signature should also be obtained)</small>					
THE SECRETARY OF STATE 1111 GULF BLVD., SUITE 1000 TALLAHASSEE, FLORIDA 32304-3200 PHONE: (904) 493-0000 FAX: (904) 493-0001 WWW.FLORIDA.SOS.GOV			B. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADI, RASHID AM		NAME		
STREET ADDRESS	21435 SW 90 PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33189		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, THOMAS D		NAME		
STREET ADDRESS	2061 NW 96 TERRACE, APT. K		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLY, SIREGAR W		NAME		
STREET ADDRESS	21435 SW 90 PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33189		CITY-ST-ZIP		
TITLE	<del>CEO</del> P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDULLAH, M. TAALIB		NAME		
STREET ADDRESS	2121 BARCELONA WAY SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address change as otherwise indicated.					
SIGNATURE: <i>[Signature]</i>			4/20/03 727-667-1705		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR</small>					

CRE034 (10/02)