2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P0000074727 BENJOU INC. 03-02-2001 90084 024 ***150.00 Principal Place of Business Mailing Address 18250 COLLINS AVENUE 18250 COLLINS AVENUE MIAMI BEACH FL MIAMI BEACH FL **岩色1**0万名276日 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POIRIER, MARCELLE B Street Address (P.O. Box Number is Not Acceptable) 2701 SOUTH BAYSHORE DRIVE SUITE 402 **COCONUT GROVE FL 33133** City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete TITLE Change ☐ Addition LEVY, ELIAS NAME NAME 18250 COLLINS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL D TITLE ☐ Delete TITLE Change Addition LEVY, LIONEL маме NAME STREET ADDRESS 18250 COLLINS AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP ☐ Delete TITLE [] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Benjou Inc. ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP ade under oath; that I am an officer or director LIAN CUIS Ave. • Miami Beach, FL 33160 Tel. 305-937-2360 Tel. 305-937-030 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated indicated on this report or supplemental report is true and accurate and that my signature shall have of the corporation or the receiver or trustee empowered to execute this report as required by Chapte changed, or on an attachment with an address, with all other like empowered ITALIAN CUIS 18250 Collins Ave. SIGNATURE: 305-937-0804 SIGNATURE AND PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone