

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
03-05-2002 90090 050 ***150.00

DOCUMENT # P00000075492

1. Entity Name
BEN ROSS INVESTMENTS, INC.

Principal Place of Business

**340 ROYAL PALM WAY
SUITE 100
PALM BEACH FL 33480**

Mailing Address

**340 ROYAL PALM WAY
SUITE 100
PALM BEACH FL 33480**

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 65-1041471

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

**PILOTTE, FRANK T
340 ROYAL PALM WAY
SUITE 100
PALM BEACH FL 33480**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

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 **D** ☒ Delete
NAME **ROSS, BEN**
STREET ADDRESS **17744 SCARSDALE WAY**
CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE **D** ☐ Delete
NAME **ADAMS, KATHY**
STREET ADDRESS **1269 N. LAKE WAY**
CITY-ST-ZIP **PALM BEACH FL 33480**

☒ Change ☐ Addition
TITLE **D,P,T**
NAME **Adams, Kathy**
STREET ADDRESS **1269 N. Lake Way**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BLOCK, BARBARA**
STREET ADDRESS **17 SHADY BROOK ROAD**
CITY-ST-ZIP **GREAT NECK NY 11024**

☒ Change ☐ Addition
TITLE **D,VP,S**
NAME **Block, Barbara**
STREET ADDRESS **17 Shady Brook Road**
CITY-ST-ZIP **Great Neck, NY 11024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *Kathy Adams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/02 301/659-4111
Daytime Phone #