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## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

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## Mar 21, 2001 8:00 am DOCUMENT # P00000087980 **Secretary of State** 1. Entity Name BENEFITS INVESTMENT, INC. 03-21-2001 90070 019 \*\*\*150.00 Principal Place of Business Mailing Address 10146 COSTA DEL SOL BLVD. 10146 COSTA DEL SOL BLVD. MIAMI FL 33178 MIAMI FL 33178 00027782 2. Principal Place of Business 3. Mailing Address Jame Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-1040452 Not Applicable Zip \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent PEREZ. ESTHER Street Address (P.O. Box Number is Not Acceptable) 10146 COSTA DEL SOL BLVD. **MIAMI FL 33178** 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 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete CR2E034 (10/00) TITLE TITI F ☐ Change Addition PEREZ, ESTHER NAME NAME STREET ADDRESS 10146 COSTA DEL SOL BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33178** VSD TITLE Delete TITLE BUSH, ANTHONY D NAME NAME 10146 Costa del Sol Blvd. Miami FLORIda 33178 STREET ADDRES 307 NW 177TH STREET UNIT 128/129 -STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL. TITLE Delete 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 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-ZIP 13. I hereby certify that the information supplied with this ling/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.

IG OFFICER OR DIRECTOR