

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092816

1. Entity Name
BENAOUDIA & MALASPINA, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90315 048 ***150.00

Principal Place of Business
1106 WEST OAK STREET
SUITE "B"
KISSIMMEE FL 34744

Mailing Address
1106 WEST OAK STREET
SUITE "B"
KISSIMMEE FL 34744

2. Principal Place of Business

3. Mailing Address

PO BOX 422273

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

4. FEI Number

59-3673846

Applied For

Not Applicable

Zip

Country

34744

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALASPINA, DONNA
3250 PINWOOD COURT
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2826 Osprey Cove Place # 203

City

Kissimmee

FL

Zip Code

34746

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 Donna Malaspina

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME MALASPINA, DONNA
STREET ADDRESS 3250 PINWOOD COURT
CITY-ST-ZIP KISSIMMEE FL 34746

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVP, S.T.D
NAME Donna Malaspina
STREET ADDRESS 2826 Osprey Cove Place # 203
CITY-ST-ZIP Kissimmee, FL 34746

☒ Change ☐ Addition

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/01 407 935 9993

CR2E034 (10/00)