

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
 04-11-2002 90693 046 ***150.00

0263437 AV

DOCUMENT # P00000097533
 1. Entity Name
BENAVIDES CORPORATION, INC.

Principal Place of Business Mailing Address
7220 NW 36TH STREET **7220 NW 36TH STREET**
STE 304 **STE 304**
MIAMI FL 33166 **MIAMI FL 33166**

2. Principal Place of Business 3. Mailing Address
1101 COLONY POINTER. **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
203 BLDG #4

City & State City & State
PEMBROKE PINES
 Zip Country Zip Country
33026

4. FEI Number **APPLIED FOR** Applied For
65-1100539 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BENAVIDES, TOMAS
14201 SW 94TH CIRCLE LANE #102
MIAMI FL 33186

7. Name and Address of New Registered Agent
 Name **TOMAS BENAVIDES**
 Street Address (P.O. Box Number is Not Acceptable)
1101 COLONY POINT CIRCLE
#203 BLDG 4
 City **PEMBROKE PINES FL** Zip Code **33026**

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 **4/1/02**
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 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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENAVIDES, TOMAS 14201 SW 94TH CIRCLE LANE #102 MIAMI FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BENAVIDES, RICARDO 7220 NW 36TH STREET STE 504 MIAMI FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 supplementary 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 REQUIRED** DATE: **4/1/02** DAYTIME PHONE #: **(305) 807-4176**
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)