

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90186 009 ***150.00

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DOCUMENT # P00000097533

1. Entity Name

BENAVIDES CORPORATION, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14201 SW 94TH CIRCLE LANE

3. Mailing Address

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

#102

City & State

MIAMI FL

City & State

4. FEI Number

65-1100539

Applied For

Not Applicable

Zip

33186

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

TOMAS BENAVIDES

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

14201 SW 94TH CIRCLE LN

City

MIAMI

FL

Zip Code

33186

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 of registered agent and filer if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/03

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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 PD
NAME TOMAS BENAVIDES
STREET ADDRESS 14201 SW 94TH CIRCLE LN
CITY-ST-ZIP MIAMI FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME RICARDO BENAVIDES
STREET ADDRESS 14201 SW 94TH CIRCLE LN
CITY-ST-ZIP MIAMI FL 33186

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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 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 on an attachment with an address, with an office like empowered.

SIGNATURE

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03

Title

City/State/Phone #

11/21/03 11:27 AM