

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 22, 2002 8:00 am**  
**Secretary of State**

08-22-2002 90002 044 \*\*\*150.00

**DOCUMENT # P00000116292**

**1. Entity Name**  
**PRESS HOUSEWARES CORP.**

|                                    |                        |
|------------------------------------|------------------------|
| <b>Principal Place of Business</b> | <b>Mailing Address</b> |
| 777 NW 72 AVENUE                   | 777 NW 72 AVENUE       |
| 1 AA 72 (1 AA 74)                  | 1 AA 72 (1 AA 74)      |
| MIAMI FL 33126                     | MIAMI FL 33126         |



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** 65-1066361

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**HART, DAVID J**  
**100 N BISCAYNE BLVD SUITE 2600**  
**MIAMI FL 33132**

Name **JOSEPH H. HUPPERT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**17611 SW 48 ST.**  
 City **SW THWEST RANCHES FL** Zip Code **33331**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*Joseph H. Huppert*

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

(NOTE: Registered Agent signature required when reinstating)

**8-19-02**

DATE

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** V ☐ Delete  
**NAME** **BENOUDIZ, SAM**  
**STREET ADDRESS** **10666 ST THOMAS DRIVE**  
**CITY-ST-ZIP** **BOCA RATON FL 33498**

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

**TITLE** S ☐ Delete  
**NAME** **BENOUDIZ, MICHEL**  
**STREET ADDRESS** **10997 BLUE PALM ST**  
**CITY-ST-ZIP** **PLANTATION FL 33324**

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

**TITLE** P ☐ Delete  
**NAME** **BENOUDIZ, JACK**  
**STREET ADDRESS** **1066 ST THOMAS DRIVE**  
**CITY-ST-ZIP** **BOCA RATON FL 33498**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

CR2E034 (4/02)

**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

~~Attachment~~

# P00000116292

8-19-02

Dear Gentlemen:

We never received the annual report in order to file it timely. Please abate the \$400 penalty.

Sincerely,

S. Bendudiz

SAM BENDUDIZ

PRESIDENT

PRESS HOUSEWARES, INC