

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91907 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000008089

1. Entity Name
BENNINGTON INVEST INC.



Principal Place of Business
**C/O 501 BRICKELL KEY DR., #602
MIAMI, FL 33131**

Mailing Address
**C/O 501 BRICKELL KEY DR., #602
MIAMI, FL 33131**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number		Applied For	
		☒ Not Applicable	

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NATIONAL REGISTERED AGENTS, INC.
C/O 501 BRICKELL KEY DR., #602
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number Is Not Acceptable) _____

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

SIGNATURE _____ (NOTE: Registered Agent's signature required when substituting)
Signature, typed or printed name of registered agent and title if applicable. DATE _____



9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	D D'APUZZO, FLORA DE	☐ Delete
NAME	C/O 501 BRICKELL KEY DR., #602	
STREET ADDRESS	MIAMI, FL 33131	
CITY-ST-ZIP		
TITLE	DS D'APUZZO, THOMAS	☐ Delete
NAME	C/O 501 BRICKELL KEY DR., #602	
STREET ADDRESS	MIAMI, FL 33131	
CITY-ST-ZIP		
TITLE	DR D'APUZZO, GIULIANA	☐ Delete
NAME	C/O 501 BRICKELL KEY DR., #602	
STREET ADDRESS	MIAMI, FL 33131	
CITY-ST-ZIP		
TITLE	D D'APUZZO, SILVANA	☐ Delete
NAME	C/O 501 BRICKELL KEY DR., #602	
STREET ADDRESS	MIAMI, FL 33131	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CIT2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *D'Apuzzo, Florance* **04/14/03** **305-285.1319.**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #