2002 UNIFORM BUSINESS REPORT (UBR)

[redacted]

05-07-2002 90216 049 ***150.00
P01000053464

FILED
02 MAY 13 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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DOCUMENT # P01000053464

1. Entity Name
BENGOL RECRUITERS, INC.

Principal Place of Business	Mailing Address
10901 BRIGHTON BAY BLVD NE 5212 ST. PETERSBURG FL 33716	10901 BRIGHTON BAY BLVD NE 5212 ST. PETERSBURG FL 33716

2. Principal Place of Business	3. Mailing Address
304 Mateo Way NE	304 Mateo Way NE
Suite, Apt. #, etc.: ~~St. Petersburg FL~~	Suite, Apt. #, etc.
City & State: St Petersburg, FL	City & State: St Petersburg FL
Zip: 33704 Country: USA	Zip: 33704 Country: USA

4. FEI Number: 59-3724034 ☐ Applied For ☐ Not Applicable

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
BENCHIMOL, HENRY 10901 BRIGHTON BAY BLVD NE 5212 ST. PETERSBURG FL 33716 only an address change	Name: Benchimol Henry Street Address (P.O. Box Number is Not Acceptable): 304 Mateo Way NE City: St Petersburg FL Zip Code: 33704

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] DATE: 4-27-02
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Henry Benchimol 304 Mateo Way NE St Petersburg FL 33704 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	178 ☐ Change ☐ Addition

CR2E034 (9/01)

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] 4-27-02 727 698 2882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #