

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000071181

1. Entity Name  
BENAVIDES FAMILY, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 13 PM 1:51

Principal Place of Business  
4561 WEST ROYAL AVE  
JACKSONVILLE FL 32205

Mailing Address  
4561 WEST ROYAL AVE  
JACKSONVILLE FL 32205



**REINSTATEMENT** 02-03

3. Principal Place of Business  
Jacksonville Landing  
Suite, Apt. #, etc.

3. Mailing Address  
Jacksonville Landing  
Suite, Apt. #, etc.

City & State  
Jacksonville FL -

City & State  
Jacksonville FL -

4. FEI Number

59-3730-0022

Applied For

Not Applicable

Zip  
32202-5016

Country  
Dural

Zip  
32202-5016

Country  
Dural

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

BENAVIDES, JUAN A  
4561 WEST ROYAL AVE  
JACKSONVILLE FL 32205

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.

SIGNATURE Juan Benavides

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Juan Benavides 12-9-02

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 P  
NAME BENAVIDES, MARIA C  
STREET ADDRESS 4561 WEST ROYAL AVE  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
000009509230  
12/13/02--01085--005 \*\*555.00

TITLE V  
NAME BENAVIDES, LOUIS  
STREET ADDRESS 4561 WEST ROYAL AVE  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
000009509230  
03/14/03--01038--016 \*\*358.75

TITLE S  
NAME BENAVIDES, MARTIN  
STREET ADDRESS 4561 WEST ROYAL AVE  
CITY-ST-ZIP JACKSONVILLE FL 32205

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

TITLE TD  
NAME BENAVIDES, JUAN A  
STREET ADDRESS 4561 WEST ROYAL AVE  
CITY-ST-ZIP JACKSONVILLE FL 32205

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-9-02 (904) 598-2696

CR2E034 (9/01) 1/03