

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90013 023 ***150.00

DOCUMENT # P01000071219

1. Entity Name

LAW OFFICES OF MICHELE DIGLIO-BENKIRAN, P.A.

Principal Place of Business

**1999 W. COLONIAL DR.
ORLANDO FL 32804**

Mailing Address

**1999 W. COLONIAL DR.
ORLANDO FL 32804**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Ste. 205

Suite, Apt. #, etc.

Ste. 205

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

590794728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST., STE. 1
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Michele Diglio-Benkiran

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

1999 West Colonial Drive, Ste. 205

City

Orlando,

FL

Zip Code

32804

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

Michele Diglio-Benkiran 01/07/02

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

(NOTE: Registered Agent signature required when reinstating)

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 \$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

TITLE **D** ☐ Delete
NAME **BENKIRAN, MICHELE DIGLIO**
STREET ADDRESS **1999 W. COLONIAL DR.**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, P** ☒ Change ☐ Addition
NAME **Michele Diglio-Benkiran**
STREET ADDRESS **1999 W. Colonial Dr., Ste. 205**
CITY-ST-ZIP **Orlando, FL 32804**

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

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

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:

Michele Diglio-Benkiran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/02
Date

407.581.2565
Daytime Phone #

CR2E034 (9/01)