2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000074110

1. Entity Name

BENEFIT CONSULTANTS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3900 SW 52 AVE #706	3900 SW 52 AVE #706
PEMBROKE PARK FL 33033	PEMBROKE PARK FL 33033

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1125686   ☐ Applied For   ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

INTERIAN, MIGDALIA
3900 SW 52 AVE #706
PEMBROKE PARK FL 33033

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.

SIGNATURE _Migdalia Interian_   Migdalia Interian   4/1/02 DATE

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

TITLE			
President	☐ Delete		
NAME	Yoanka Interian		
STREET ADDRESS	3900 S.W. 52 Ave #706		
CITY-ST-ZIP	Pembroke Park, FL 33033		
TITLE	**Director**	☐ Delete	
NAME	Migdalia Interian		
STREET ADDRESS	3900 S.W. 52 Ave #706		
CITY-ST-ZIP	Pembroke Park, FL 33033		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

(columns for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP with ☐ Change ☐ Addition checkboxes)

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: _Yoanka Interian_   Yoanka Interian   4/1/02   (954)966-1274

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