2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000076690

FILED
02 JUN 26 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

Brenda Bengis consulting Corp.

Principal Place of Business
11815 NW 10 PL
CORAL SPRINGS FL 33071

Mailing Address

2. Principal Place of Business

3. Mailing Address 11815 N.W. 10 PL. Coral Springs, FL 33071

Suite, Apt #, etc | Suite, Apt #, etc
City & State | City & State
Zip | Country | Zip | Country

[redacted]

DO NOT WRITE IN THIS SPACE
05-13-02 90193 017 $150.00

4. FEI Number 65-1132573 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

BENGIS, Brenda
11815 NW 10 PLACE
POMPANO BEACH FL 33071

7. Name and Address of New Registered Agent

Name Brenda Bengis
Street Address (P.O. Box Number is Not Acceptable) 11815 NW 10 PL.
City Coral Springs FL Zip Code 33071

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]
Signature, typed or printed name of registered agent and title if applicable.
NOTE: Registered Agent signature required when reinstating.

5/26/02
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	P
NAME	Brenda BENGIS ☐ Delete
STREET ADDRESS	11815 NW 10 PLACE
CITY-ST-ZIP	Coral Springs FL 33071
TITLE	
NAME	☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

6/24

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] Brenda Bengis 4/22/02 954-757-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #