

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000080922

1. Entity Name  
BENSOUTH REALTY INC.

Principal Place of Business  
3425 COLLINS AVE. UNIT #1107  
MIAMI BCH FL 33140

Mailing Address  
3425 COLLINS AVE. UNIT #1107  
MIAMI BCH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

ELISHA, DANIELLA T  
3425 COLLINS AVE, UNIT #1107  
MIAMI BCH FL 33140

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
P  
ELISHA, BENJAMIN  
3425 COLLINS AVE, UNIT #1107  
MIAMI BCH FL 33140 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Daytime Phone #

FILED  
Jul 23, 2002 8:00 am  
Secretary of State

07-11-2002 90244 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

1-0-02

DEAR SIR

~~ATTACHMENT~~ Doc # P01000080922

EVERY YEAR I AM FACING THE SAME  
PROBLEM.

YOU DON'T SEND ME THE BILLING FOR OF \$150,

BUT YOU SENDING ME \$550 + 150 IS

I CAN'T PAY \$550, SO PLEASE IF YOU

CASH MY CHECK IT WILL BE FOR TOTAL OF \$150  
ONLY!

THANKS

Bernard  
Bernard N. Elish

I can file  
for NW  
corp for  
\$76