

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90091 047 ***150.00

DOCUMENT # P02000026935

1. Entity Name
LAKE BENEFITS INC.



Principal Place of Business

5700 LAKE WORTH ROAD
SUITE 211
LAKE WORTH FL 33414 *wrong*

Mailing Address

5700 LAKE WORTH ROAD
SUITE 211
LAKE WORTH FL 33414 *wrong*

2. Principal Place of Business

5700 Lake Worth Rd.

3. Mailing Address

5700 Lake Worth Rd

Suite, Apt. #, etc.

211

Suite, Apt. #, etc.

211

City & State

Lake Worth, Florida

City & State

Lake Worth, Florida

Zip

33463

Country

USA

Zip

33463

Country

USA

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number

61-1407992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMONT & NEIMAN, P.A.

ONE BISCAYNE TOWER, SUITE 3550

TWO SOUTH BISCAYNE BLVD.

MIAMI FL 33131

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PS** ☒ **Delete**
NAME **GARAVITO, ANGELA C**
STREET ADDRESS **10352 POLO LAKE DR. WEST**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **V** ☒ **Delete**
NAME **ESQUENAZI, MORRIS**
STREET ADDRESS **5520 NW 35 AVE**
CITY-ST-ZIP **HIALEAH FL 33142**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ **Change** ☐ **Addition**
NAME **ANDRADE, ALFONSO**
STREET ADDRESS **13755 GREENTREE TRAIL**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **CFO** ☒ **Change** ☐ **Addition**
NAME **PUENTE, RAUL A.**
STREET ADDRESS **3782 MOON BAY CR.**
CITY-ST-ZIP **WELLINGTON, FL 33414**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE.

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL A. PUENTE

01/10/03

Date

561-304-0020

Daytime Phone #

CR2E034 (10/02)