

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

0472318 AV

DOCUMENT # P02000086272

1. Entity Name
BENGEY PROPERTY MANAGEMENT, INC.



04-14-2003 90105 035 ***150.00

Principal Place of Business
9103 WOODRIDGE RUN DR.
TAMPA FL 33647

Mailing Address
9103 WOODRIDGE RUN DR.
TAMPA FL 33647



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

412053442

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAUFMAN, GEORGES
9103 WOODRIDGE RUN DR.
TAMPA FL 33647

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

Georges Kaufman, president
Signature, typed or printed name of registered agent and title if applicable.

Georges Kaufman
(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME KAUFMAN, PATRICIA M
STREET ADDRESS 9103 WOODRIDGE RUN DR.
CITY-ST-ZIP TAMPA FL 33647 ☐ Delete

TITLE D, V
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D, President
NAME *Georges Kaufman*
STREET ADDRESS *9103 Woodridge Run Dr.*
CITY-ST-ZIP *Tampa FL 33647* ☐ Delete

TITLE D, P
NAME *Kaufman, Georges*
STREET ADDRESS *9103 Woodridge Run Dr*
CITY-ST-ZIP *Tampa FL 33647* ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 like empowered.

SIGNATURE:

Georges Kaufman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Georges Kaufman
Date

4/6/03 813-9079867
Daytime Phone #

CR2E034 (10/02)