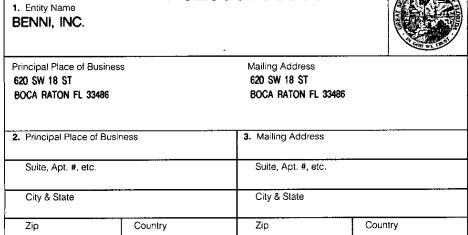
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**



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

04-14-2003 90347 043 ***150.00

DOCUMENT # . Entity Name BENNI, INC.	P02000100085	
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6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable



☐ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

4. FEI Number 33-/023127 Applied For Not Applicable 5. Certificate of Status Desired

\$8.75 Additional Fee Required

COPLAN, MARK B 620 SW 18 ST **BOCA RATON FL 33486**

Street Address (P.O. Box Number is Not Acceptable)

Zip Code

DATE

8. The above named entity submits this statement for the purpose of changing its register	red office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
the obligations of registered agent.		

Name

City

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

SIGNATURE

9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Delete TITLE TITLE MARIC GOLAM NAME NAME 620 S.W- 1814 ST STREET ADDRESS STREET ADDRESS 33486 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - - Change - - - Addition -TITLE Delete --1:TLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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. changed, or on an attachment with an adelegation

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN